



ERDC Implementation, Action Plan & Timeline



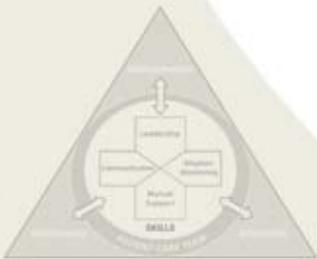
PATIENT
SAFETY



TeamSTEPPS

Our Vision for Patient Safety

We are a unified region focused on continuously improving communication and teamwork, using tools which create an optimal environment for patient safety.



TeamSTEPPS

•Facilities, Units, Staff Presently Working Together

Today's Date: June 18, 2009

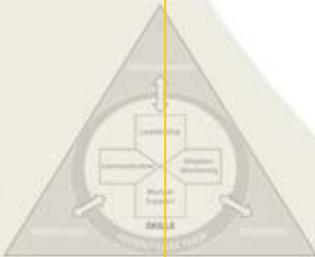
Facilities/Units Represented:

- Heidelberg DENTAC
- Landstuhl DENTAC
- Bavaria DENTAC
- Belgium

MISSING:

■ Names of Participants:

LTC Rafael Caraballo
SSG Denise McFarlane
Ms Judith Ortiz
CPT Tatyana Dankulich-Huryn
CPT Garret Wood



TeamSTEPPS

Facilities, Units, Staff Presently Working Together

Today's Date: 19 March 2009

Facilities/Units Represented:

- Heidelberg DENTAC
- Landstuhl DENTAC
- Bavaria DENTAC

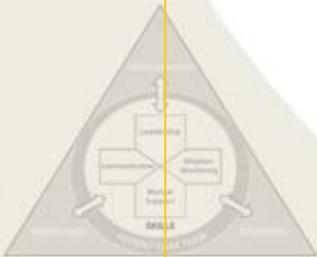
MISSING:

CPT Dankulich-Huryn

New Personnel for June

Names of Participants

- LTC Ingrid Beard-Howell
- Mrs. Annie Foor-French
- Mr. Rodney Hammond
- CPT Benjamin Patterson
- Mrs. Lindy Eatherington



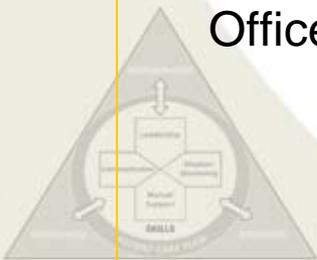
SWOT Evaluation- MARCH

Strengths:

- COL Ball (support)
- Strong ERDC PS Team
- Standardization
- Dedicated Staff committed to taking care of patients
- Civilian (LN) provide continuity
- Younger staff- more amenable to culture change
- New / developing Patient Safety Officers/Advocates

Weaknesses:

- Geography
- Change of Leadership
- Staff shortage / ancillary turnover is high
- Contractors restricted-perception of not being a team member
- New / Developing PSO's
- Poor Communication / Handoffs
- Buy-in difficult
- Work council / German federal law
- Limited oversight of TOE Staff



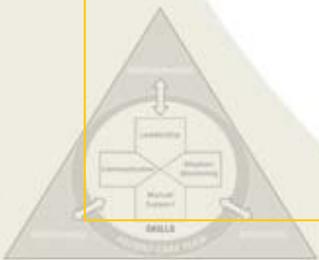
SWOT Evaluation - MARCH

Opportunities:

- Climate Change
- Standardized development of PS advocates at clinic level

Threats/Barriers:

- Upcoming Leadership Changes (Commander's, OIC's, NCOIC's etc.)
- TOE Units- lack oversight
- No centralized newcomers orientation
- Limited time available for orientation
- Lack of Patient Safety Advocates at the clinic level



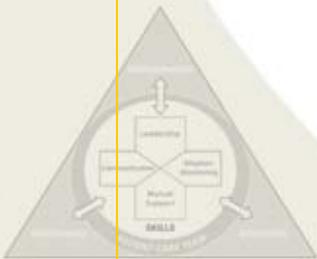
SWOT Evaluation- JUNE

Strengths:

Small clinic setting/facilitates training

Weaknesses:

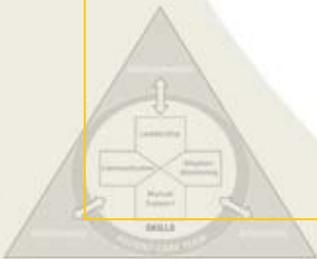
- Lack of Expanded Function Dental Auxiliary (EFDA)
- Lack of specialty care
- Lack of electronic charting
- Charts unavailable to specialist
- Lack of digital x-ray equipment



SWOT Evaluation - JUNE

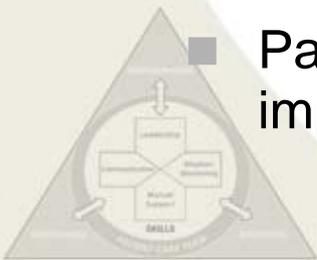
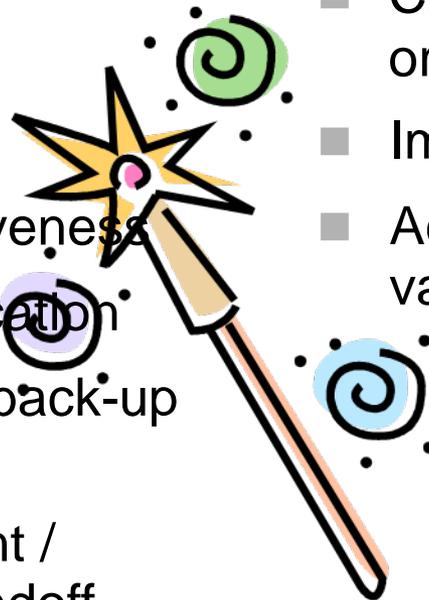
Opportunities

Threats/Barriers:



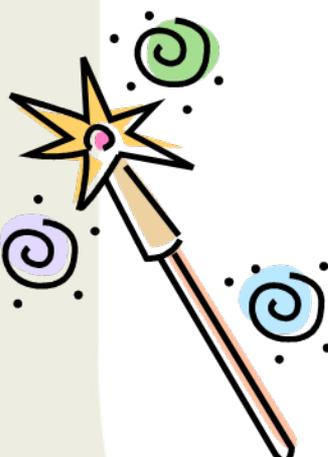
Magic Wand Exercise

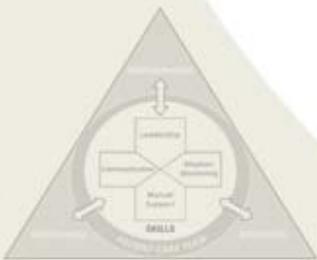
- More Staff
- Increasing Training Opportunities
- Sustained Training/ Continuity of Staff
- Better team cohesiveness
- Improve communication
- More depth / more back-up of key personnel
- Patient impanelment / improve patient handoff
- Improve treatment plan overview
- Clarify patient safety and organization priorities
- Improve morale
- Acknowledge employee value



TeamSTEPPS

Main Problems, Challenges and Opportunities

- 
- Sustained training / Continuity of Staff
 - Lack of assigned consistent auxillary staff
 - Better team cohesiveness
 - Improve communication
 - Clarify Patient Safety and organization priorities
 - Patient empanelment / improve patient handoff



The Case for Urgency

- Trending- repetitive incidences across the region
- Under-reporting
- Get information out to our front line

EUROPEAN REGIONAL
DENTAL COMMAND

“Q”uality TIPS

“For a SAFER Dental Practice”



4106'S SUBMITTED THROUGHOUT ERDC IN APRIL 2008

ISSUE: Broken endo files!
TIP: Ensure the integrity of equipment being used and keep track of usage. Advised by Endodontist that Headstrom files have a tendency to bind to the canals and separate more easily.

ISSUE: Record documentation is lacking!
TIP: SF603 documentation is no longer covered in OBC and many clinics don't address documentation requirements during their provider orientation process. Check out TB Med 250 for detailed examples -- review this during provider orientations and follow up with focused reminders at your regularly held staff meetings. Additionally, AR 40-66 revision date 22 May 2006 (para 3-4) requires ALL entries (not just site verifications) to be dated and timed with dates written in the day-month-year sequence, months will be stated by name, not by number. For example a correct entry is 01 Apr 2008 @ 1400 hours.

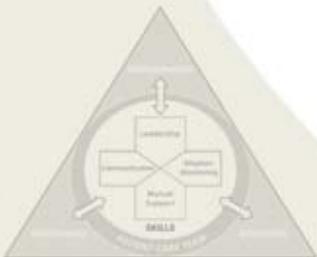
ISSUE: SBE prophylaxis may no longer be required!
TIP: New guidelines for prevention of infective endocarditis were released by the American Heart Association April 19, 2007. The AHA and ADA now recommend that fewer dental patients with heart disease receive antibiotic prophylaxis before dental procedures. For more details see ADA.org -<http://www.ada.org/prof/resources/topics/infective_endocarditis.asp>.

ISSUE: Patient (and staff) reactions to latex!
TIP: Latex can be hidden in many products PLUS a patient's health history can change overnight -- so be sure to know which of your products contain latex, AND ask your patients specifically about allergies to latex. Document when they occur and ensure reactions are fully evaluated by medical. Severely allergic people can react to blowing up a latex balloon, having a latex dental dam put on for a root canal, or getting injected with a syringe that has punctured a latex sept on a medication vial.

ISSUE: Written consent not obtained for FM patient!
TIP: OF 572, Request for Administration of Anesthesia and for Performance of Operations and Other Procedures, must be obtained for all cases rendered to other than active duty (OTAD) patients. The form must be complete, signed by both the provider and patient and witnessed! Obtaining proper consent ensures that our patients understand and agree to the treatment that will be rendered at that specific appointment.

ISSUE: Parathesia following use of Articaine!
TIP: Articaine has been demonstrated to be effective for so-called "field block" or infiltration anesthesia due to it's propensity to diffuse through tissue and bone. The potential for nerve injury associated with this agent is well documented in the dental literature. Recommend the use of an alternative local anesthetic to eliminate possible causes for parathesia.

ISSUE: Mercury Spill!
TIP: Ensure that the cartridge is in place in the 'jaws' to eliminate the possibility of a spill. In the event of a spill, Mercury Spill Kit instructions must be followed.



Aims of TeamSTEPPS Intervention

Improve communication by implementing:

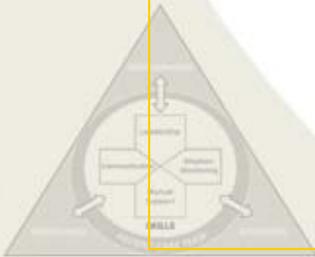
- a. Brief / Huddle / De-Brief
- b. Check back

Improve cohesiveness:

- a. Brief / Huddle / De-Brief
- b. Task Assistance

Clarify Patient Safety and organizational priorities:

Brief / Huddle / De-Brief



TeamSTEPPS

Measures

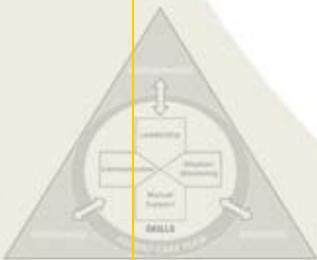
(Testing Effectiveness of TeamSTEPPS Intervention)

■ BASELINE

- Baseline Survey (Team Assessment Questionnaire) – post-training.
- Reporting of Near Misses / Events
 - Radiology Events – May 2009
 - Other TBD

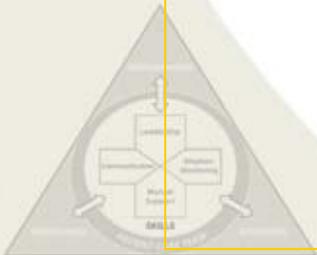
■ TOOLS & measures-

- **Check-Backs**
 - Observation
 - Self Reporting
- **Task Assistance**
 - Observation
 - Self Reporting
- **Briefs / Huddles / De-Briefs**
 - Observation
 - Self Reporting
 - Team Performance Observation Tool – from the book



Implementation: Action Plan

- Executive Brief to COL Ball
- 15 minute lead-off at July Commander's Calls
- TeamSTEPPS Brief at ERDC Off-Site (Berlin)
- Timeframe for training all of ERDC:
 - Change Team training in June (5 persons)
 - Train the staff - July
 - Within 6 months, we want to have 100% of ERDC staff trained.
 - Sustainment training for new arrivals



TeamSTEPPS

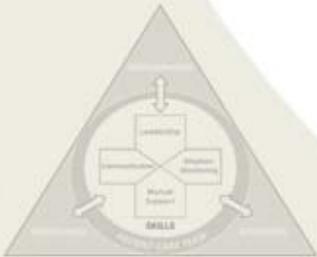
Implementation: Action Plan, cont. Focus on Training Issues

- Training for the people who missed initial roll-out
 - 10 minute TeamSTEPPS introduction for new personnel (Essentials Course)
 - Quarterly training for newcomers at DENTAC level
- Annual refresher TeamSTEPPS training at DENTAC level.



Sustainment Plan

- Quarterly TeamSTEPPS new-comers training
- Coaching and role modeling should continue – TeamSTEPPS pocket guides.
- Newsletter / Q-Tips
- Random monthly Staff Surveys
- Re-evaluate tools / training in 1 year.

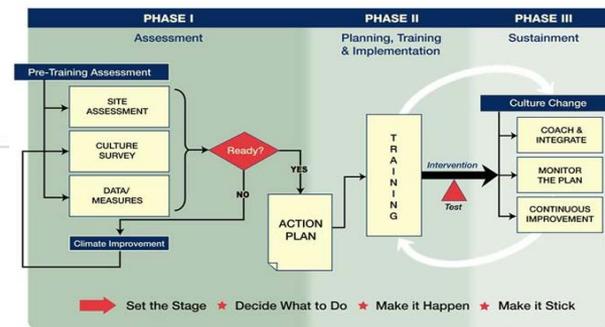


Communication Plan

- Vision Plan – posted at every clinic
- TeamSTEPPS posters ordered via AHRQ
- “Save the Date” reminders (newsletter) – announcing that TeamSTEPPS is coming
- Commander’s Call / Clinic Meetings



Set Timeline and Milestones



Scenario 2

- Brief COL Ball mid April - COMPLETE - LTC Beard Howell
- Change team meets in April 2009- Done
- Change Team #2 training in June - Done
- Change team meets to look at curriculum – July

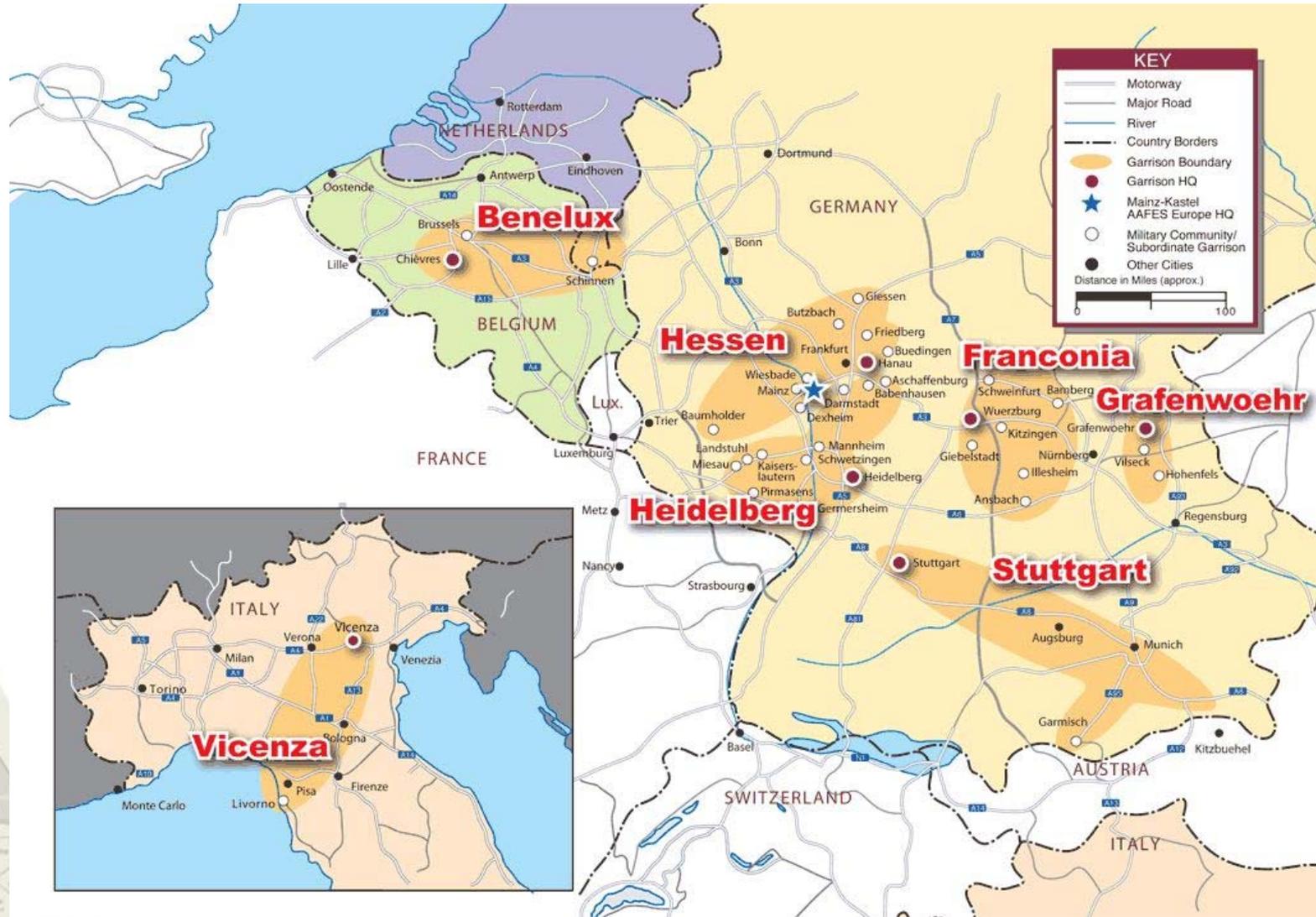
- ERDC Leaders TeamSTEPPS Training in August (Berlin)
- Roll-out of TeamSTEPPS – September (2 weeks) – Schedule set see attachment.
- Complete TeamSTEPPS training in ERDC within 6 months (MAR 2010)

Decide Days, Weeks, Months....



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

TeamSTEPPS

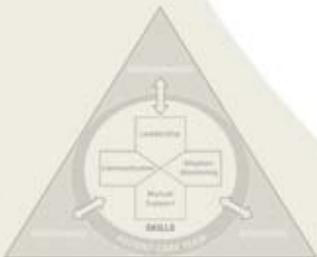


TeamSTEPPS

European Regional Dental Command

TeamSTEPPS Schedule

September 10/11	Arrive Vicenza Italy
September 14 and 15	Train the staff – 4 sessions
September 16	Travel to Bavaria (Vilseck)
September 17/18	Train the Trainer course Viseck/Bavaria/Belgium
September 19-20	Weekend / travel to Launstuhl
September 21-22	Train the trainer course Launstuhl
September 23	Travel to Heidelberg
September 24/25	Train the Trainer course Heidelberg
September 25	Outbrief to COL Ball, ERDC Commander



QUESTIONS?

