A Team Approach to Patient Safety: TeamSTEPPS

Kat Comstock, Associate Director Center for Clinical Excellence/Patient Safety Officer

- Describe TEAMSTEPPS using the UWMC experience as an example.
- Discuss the curriculum highlights and lessons learned of TEAMSTEPPS.
- Describe the present day challenges and an action plan for process improvement.

Institute of Medicine Report

Impact of Error:
- 44,000–98,000 annual deaths occur as a result of errors - 8th leading cause of death
- Medical errors are the leading cause, followed by surgical mistakes and complications
- More Americans die from medical errors than from breast cancer, AIDS, or car accidents
- 7% of hospital patients experience a serious medication error

Cost associated with medical errors is $8–29 billion annually

Types of Communication Breakdown

- What are the specific kinds of communication breakdowns healthcare leaders must address to improve patient safety?
- Honest mistakes
- Undiscussables

A lack of adequate support systems, skills and personal accountability results in communication gaps that can cause harm to patients.

Two studies:
- Silence Kills (2005) identified 7 concerns that go undiscussed
- The Silent Treatment (2010) showed how nurses’ failure to speak up when risks are known undermines effectiveness of current safety tools

Types of Communication Breakdown

- Honest mistakes
- Accidental or incidental slips/ errors
- Poor handwriting, confusing labels, competing tasks, language barriers, distractions (workload)
- Baton dropped during hand-offs
- Honest and inevitable
- Need to be guarded

Health care organizations invest in improving communication by using hand-off protocols, checklists, CPOE, automated medication dispensing systems, TeamSTEPPS training
Undiscussables (organizational silence)
- When people know of risks and do not speak up
- Calculated decision to avoid or back down from conversation
- Dangerous shortcuts, incompetence, disrespect
- Solving undiscussables requires deeper changes to cultural practices, social norms and personal skills

TeamSTEPPS - Framework: Team Structure

- Team Structure:
  Delineates fundamentals such as team size, membership, leadership, composition, identification, and distribution

TeamSTEPPS - Framework: Leadership

- 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

TeamSTEPPS - Framework: Situation Monitoring

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

TeamSTEPPS - Framework: Mutual Support

- 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

Current TeamSTEPPS Initiative:
UW Medicine adopted TeamSTEPPS as its primary methodology for conducting team training in 2008. Since then, UW Medicine has implemented TeamSTEPPS in six areas across two medical centers (Harborview Medical Center and University of Washington Medical Center). In 2009, UW Medicine became the fifth National Training Center in the country.

Hosted 10 Master Training Sessions (8 National, 2 Internal) with representation from 12 US States and 2 International Programs
Trained over 326 participants to Master Trainer status (299 National, 127 Internal)
Developed an extensive trainer base with 19 Active Faculty Instructors, averaging 10 instructors per course
Developed innovative method of conducting “teach back” portion of TeamSTEPPS Master Trainer curriculum

127 Faculty & staff trained to Master Trainer status
Fundamentals training to over 70 hospital staff and healthcare personnel
Fundamentals training for all incoming residents & interns at UW Medicine
Interprofessional Student Training Days: Anesthesia Med Student Clerkship: Medical students, nursing, pharmacy and MEDEX programs
Use of TeamSTEPPS in mock code and other simulation training activities
TeamSTEPPS Enterprise Committee

UWMC
Labor & Delivery unit
Emergency Department
Critical Care unit

HM C
Operating Room
Emergency Department
Critical Care unit

New Employee Orientation
Annual Competency
RN New Graduate Symposium
Charge nurse classes
Evaluation Methods
- Culture of Safety Survey
- Workshop Evaluations
- Follow up feedback from focus groups where implementations have occurred

Up and Coming Projects
- ISIS: Congressional Projects
- PSIP: Patient Safety Innovations Program
- Capstone Projects

Components of a Patient Safety Program

Experts
- 'Expert Team'
- 'Team of Experts'

High Performing Teams
Teams that perform well:
- Hold a shared mental model
- 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

Leadership vs. ‘Team-manship’
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**Teamwork Tools**

**Operational Tools**
- Briefs - planning
- Debrief - problem solving
- Huddle - process improvement
- Hand-Off
- "PASS THE BATON"

**Communication Tools**
- SBAR
- DESC Script
- Collaboration

**Communication**

Effective Communication must be:
- **Complete:** Relevant information avoiding unnecessary detail
- **Clear:** Standard terminology, minimize acronyms
- **Brief:** Be concise
- **Timely:** Avoid delays, verify, validate or acknowledge

**Lessons Learned**

- "Our group was excited to implement TeamSTEPPS and in situ simulation."
- Discovered need for focused resourcing and consultation to address process and systems failures that impacted their ability to deliver patient care.
- Understand measurement strategy to gauge success, reevaluate and direct their team’s development.
- Discovered that addressing these hurdles and communication will be the way to developing the expertise of our team.
- "Safe place to practice and refine my skills with no risk to the patient or team. We can practice protocols and self correct before we are in the real life circumstances. I understand so much better what to expect from my team members and what they expect from me. I really do play a critical role. As a group we can make change on my unit."
Lessons Learned

- “Have my attending and senior residents been trained? They will facilitate this behavior change for the team.”
- “Wished this had been part of my entire training. This was the most valuable application of all that I have learned. Why hold this at the end of my training?”

Benefit to your teams...

- A collective voice that is empowered to propose and take action on patient safety concerns.
- An appreciation for interdisciplinary perspective, which will move your team from team of experts to expert team.
- Shared Mental Model will focus efforts of the team on outcomes for delivery of safe patient care.
- Active interdisciplinary participation in process and systems improvement for proactive approach to address vulnerabilities in our practice.
- A close feedback loop for staff and leadership to improve Patient Safety and foster Just Culture.

Success requires:

- Resource allocation for internal focus and strategic planning by the Enterprise Team with Entity management of TeamSTEPPS initiative
- Executive Sponsorship with all leaders educated on methodology and expectations for fostering its utilization
- Consultation model to support internal change teams (unit level & service group) implementation, development & sustainment
- Education & expectation of all employees
- Supported by evaluation & education processes

Web Resources

- http://www.silenttreatmentstudy.com/silencekills/
- http://teamstepps.ahrq.gov/