TeamSTEPPS

Team Strategies & Tools to Enhance Performance & Patient Safety

Improving Patient Safety Culture to Provide Safer Care

August 10, 2016

Agency for Healthcare Research and Quality
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Rules of Engagement

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- **A Q&A session will be held at the end of the presentation**
- **Written questions are encouraged throughout the presentation and will be answered during the Q&A session**
  - To submit a question, type it into the Chat Area and send it at any time during the presentation

Upcoming TeamSTEPPS Events

- **Online Course Availability**
  - Not able to travel? Training through the TeamSTEPPS 2.0 Online Master Trainer Course is available.
  - Register at: **https://tslms.org**

- **Learn more and register for all events at www.TeamSTEPPSportal.org**

Help Line (312) 422-2609

Or email: AHRQTeamSTEPPS@aha.org

Today's Presenter

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Project Coordinator

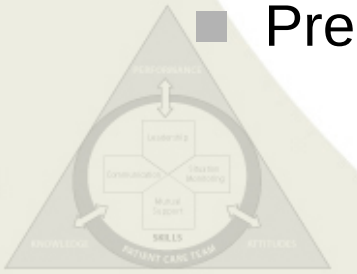
Michigan Health & Hospital Association

MHA Keystone Center

A Certified Patient Safety Organization

Objectives

- Provide an overview of MHA's overall program of work to improve patient safety culture
- Discuss the role of TeamSTEPPS and other teamwork interventions within the CUSP framework
- Describe specific implementation efforts focused on improving teamwork, communication, and safety culture
- Discuss the importance of the engagement of both leaders and front-line staff in this work
- Present MHA's efforts to assess intervention effectiveness



About the MHA

- **293 members**
- **166 hospitals**
- **Keystone Center (PSO)**
  - CUSP 4 MVP – VAP
  - On the CUSP: Stop CAUTI

The MHA Culture Program

- SCORE – Culture Survey
- CUSP Workshops
- Culture Orientation Material (Business Case)
- Speak-up! Award
- Culture Roadmap
- Improvement toolkit

Comprehensive Unit Based Safety Program (CUSP)

- **An intervention to learn from mistakes and improve safety culture**
  - Evaluate culture of safety
  - Assemble team
  - Educate staff on the Science of Safety
  - Identify defects
  - Assign executive to adopt unit
  - Implement teamwork tools
  - Evaluate culture of safety

CUSP: The Short Version

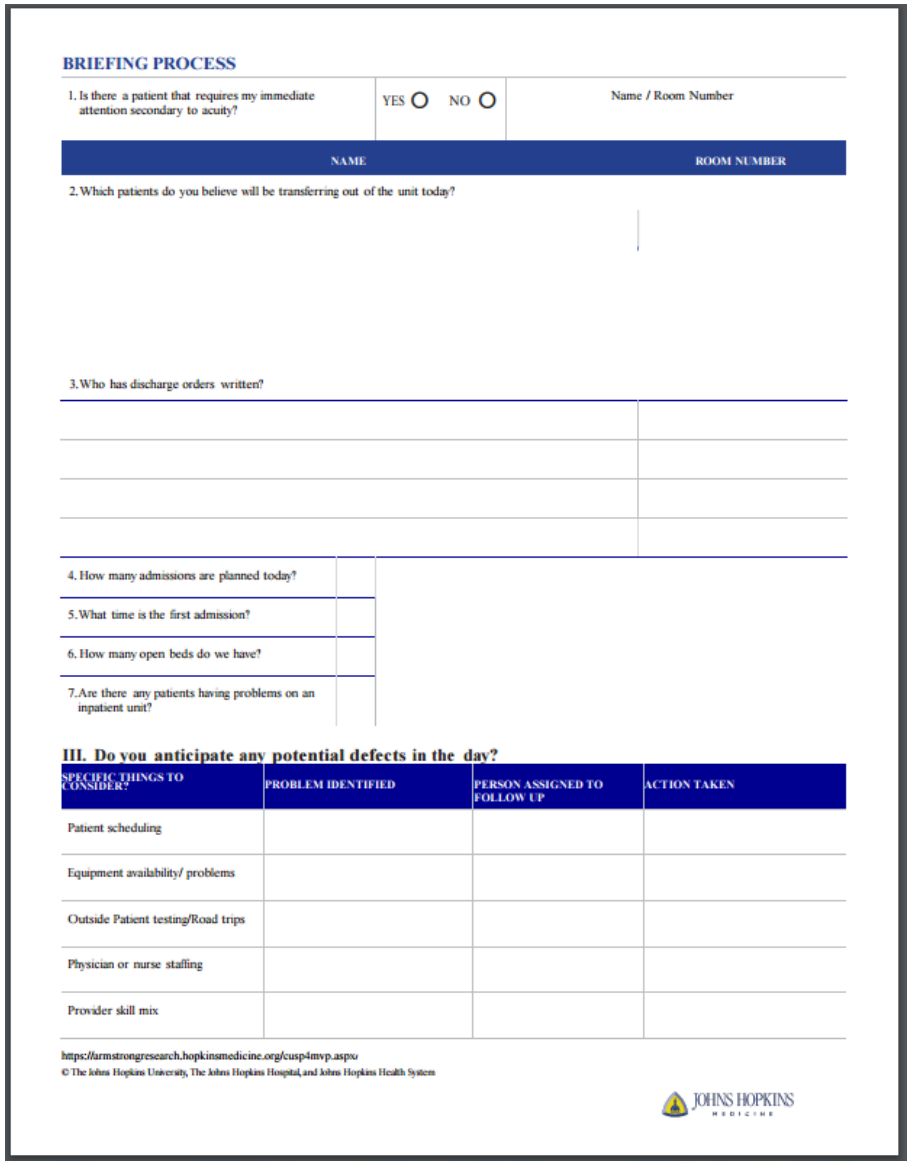
- **Identify**
  - Who is on your team? (physician champion, nurse champion, pharm, executive)
- **Meetings**
  - Monthly (work with executive assistant, piggy-back off of existing meetings)
  - Review data (culture, process, outcomes)
- **Science of Safety**
  - All staff should watch this video
  - Complete Staff Safety Assessment (SSA) – dot voting
  - What is your aim and plan for improvement? (reduce possible opioid dependence/abuse rates, increase risk assessment compliance)
- **Use Tools to Improve**
  - Daily Goals Checklist
  - Learning from Defects (LFD)
  - Morning Briefings
  - SBAR

TeamSTEPPS, CUSP, and Culture

- **CUSP – (Team, culture primer, meetings, test)**
  - Morning Briefing
  - Staff Safety Assessment (SSA)
  - Learning From Defects (LFD)
- **TeamSTEPPS**
  - SBAR
  - CUS
  - Check-Back
- **Other**
  - STOC/PDSA
  - Culture Orientation Material (business case)
  - Speak-up! Award

CUSP Tool #1: Morning Briefing

- Structured communication
- Focus on safety in real time
- Integrated into routine care
- Easy to use, little training, quick
- Can be adapted to other areas



BRIEFING PROCESS

1. Is there a patient that requires my immediate attention secondary to acuity? YES ○ NO ○ Name / Room Number

NAME	ROOM NUMBER

2. Which patients do you believe will be transferring out of the unit today?

3. Who has discharge orders written?

4. How many admissions are planned today?

5. What time is the first admission?

6. How many open beds do we have?

7. Are there any patients having problems on an inpatient unit?

III. Do you anticipate any potential defects in the day?

SPECIFIC THINGS TO CONSIDER?	PROBLEM IDENTIFIED	PERSON ASSIGNED TO FOLLOW UP	ACTION TAKEN
Patient scheduling			
Equipment availability/ problems			
Outside Patient testing/Road trips			
Physician or nurse staffing			
Provider skill mix			

https://armstrongresearch.hopkinsmedicine.org/cusp4mvp.asp/v

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CUSP Tool #2: Staff Safety Assessment

- **Asks two questions:**
  - How will the next patient be harmed?
  - What can we do to prevent it?

CUSP Tool #3: Learning From Defects

- What happened?
- Why?
- What will you do to reduce probability that it will happen again?
- How do you know risk is reduced?
- Share your learning throughout organization

TeamSTEPPS Tool #1: SBAR

- Situation, Background, Assessment, Recommendation
- Offers standardized method of concise, direct communication
- Doesn't need to be formal

SBAR report to physician about a critical situation Example

S	**Situation** **I am calling about** <patient name and location>. **The patient's code status is** <code status> **The problem I am calling about is** _____. I am afraid the patient is going to arrest. **I have just assessed the patient personally:** **Vital signs are:** Blood pressure _____/_____, Pulse _____, Respiration_____ and temperature _____ **I am concerned about the:** Blood pressure because it is over 200 or less than 100 or 30 mmHg below usual Pulse because it is over 140 or less than 50 Respiration because it is less than 5 or over 40. Temperature because it is less than 96 or over 104.
B	**Background** **The patient's mental status is:** Alert and oriented to person place and time. Confused and cooperative or non-cooperative Agitated or combative Lethargic but conversant and able to swallow Stuporous and not talking clearly and possibly not able to swallow Comatose. Eyes closed. Not responding to stimulation. **The skin is:** Warm and dry Pale Mottled Diaphoretic Extremities are cold Extremities are warm **The patient is not or is on oxygen.** The patient has been on _____ (l/min) or (%) oxygen for _____ minutes (hours) The oximeter is reading _____% The oximeter does not detect a good pulse and is giving erratic readings.
A	**Assessment** **This is what I think the problem is:** <say what you think is the problem> **The problem seems to be cardiac infection neurologic respiratory _____ I am not sure what the problem is but the patient is deteriorating.** **The patient seems to be unstable and may get worse, we need to do something.**
R	**Recommendation** **I suggest or request that you** <say what you would like to see done>, transfer the patient to critical care come to see the patient at this time. Talk to the patient or family about code status. Ask the on-call family practice resident to see the patient now. Ask for a consultant to see the patient now. **Are any tests needed:** Do you need any tests like CXR, ABG, EKG, CBC, or BMP? Others? **If a change in treatment is ordered then ask:** How often do you want vital signs? How long to you expect this problem will last? If the patient does not get better when would you want us to call again?

This SBAR tool was developed by Kaiser Permanente. Please feel free to use and reproduce these materials in the spirit of patient safety, and please retain this footer in the spirit of appropriate recognition.

TeamSTEPPS Tool #2: CUS

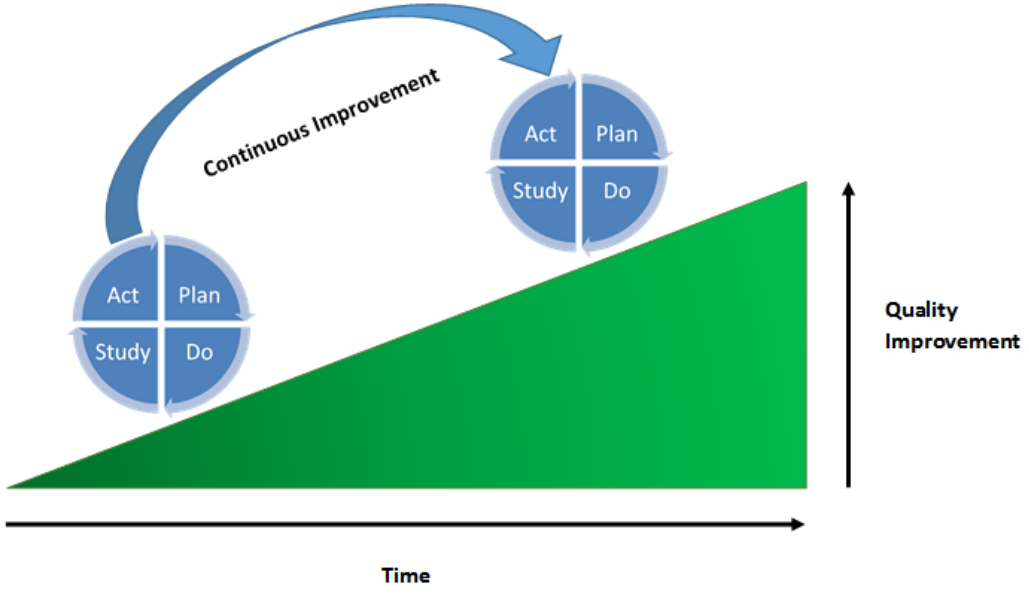
- **Concerned, Uncomfortable, Safety Issue**
  - Progression in magnitude of meaning
  - Allows for a “safe” way to speak-up
  - Will “stop the line” if necessary

TeamSTEPPS Tool #3: Check-Back

- Sender initiates message
- Receiver accepts message and feeds back
- Sender confirms that message is correct

Other Tool #1: STOC/PDSA

- **Small Test Of Change/Plan, Do, Study, Act**
  - **Plan:** Test or observation, data collection, prediction
  - **Do:** test on small scale (how did someone react?) and record what happened
  - **Study:** How do the results compare to your prediction?
  - **Act:** Use what you learned to make changes, how can you improve your STOC for the next cycle?



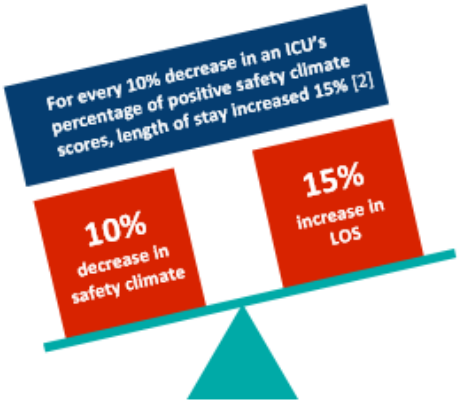
Other Tool #2: Culture Orientation

- Provides a “business case” for safety culture
- Pulls from peer reviewed journal articles and white papers from experts
- Gives the “why” and the “how”

Culture Orientation Continued…

Higher levels of hospital safety climate are associated with lower 30-day readmission [1]

- Staff **job satisfaction** increases with better culture [10]
- Better culture leads to **fewer staff injuries** and **lower burnout** rates [6,8]
- Better culture is associated with better communication, interaction, and overall **teamwork** [4,7,9]

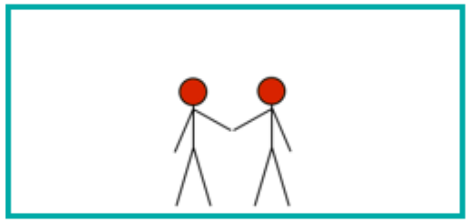


- **Patient satisfaction** increases with better culture [11]
- Better culture is associated with better **patient outcomes** [1,2,5]
- A thriving culture of patient safety can, and does, **SAVE LIVES** [2]

Worse Safety Culture

10% decrease in culture metric scores associated with hospital mortality being 1.24 times more likely [2]

Culture Orientation Continued…

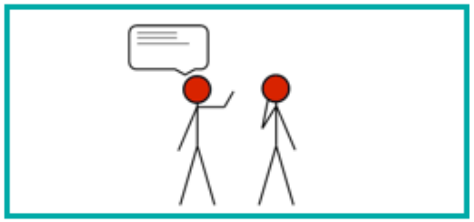


Respect

- Remember that your co-workers are your teammates; you have a common goal
- Respect doesn't necessarily mean friendship, but it does mean acknowledging another person's contributive value toward your common goal [7]

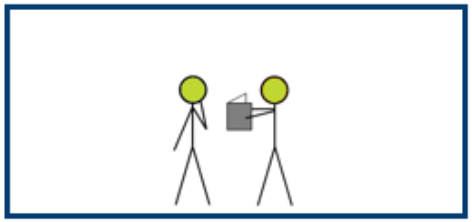
Open Sharing

- Not speaking up when having concerns can lead to adverse events and future uncertainty
- If you have a concern, say something [7]



Effective Communication

- Communicate clearly and calmly
- Maintain eye contact
- Actively listen; summarize what you've just heard, or ask for clarification [3]



Prioritize Patient Safety

- Review your organizational mission statement and vision on patient safety [7]

Other Tool #3: Speak-up! Award

- 80 nominees
- First quarterly awardee officially announced on July 13, 2016
- Engage staff, recognize and reward patient safety efforts
- Align organizational reporting with nomination timeline

Engagement is Key!

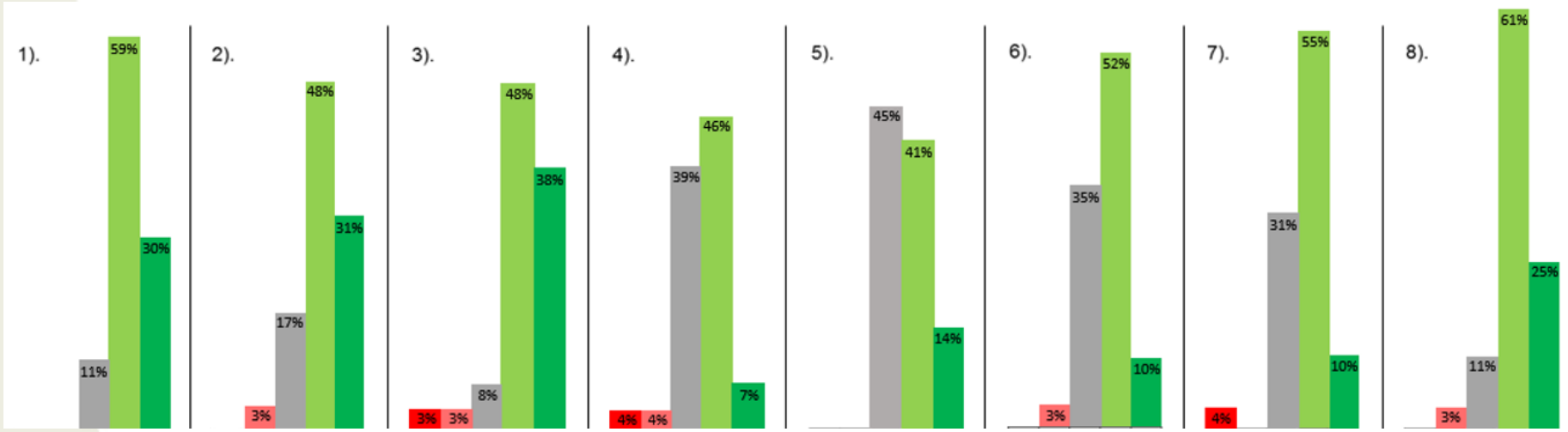
- **Include staff early**
  - When developing a program/QI initiative, ask for feedback, opinions (tip: use the SSA)
- **Be Transparent**
  - Show your data to staff, embrace and improve
- **Use patient stories**
  - Couple with your data, tell the story to make it real
- **Reduce burnout**
  - Celebrate even small successes

Does it Work? Measuring Impact

Have you assembled a CUSP team in your unit?	
Yes	17%
In Process	38%
No	45%

Have you attended at least one of the CUSP cohort webinars?	
Yes	62%
No, but planning to	7%
No, and not planning to	7%
I don't know what this is	24%

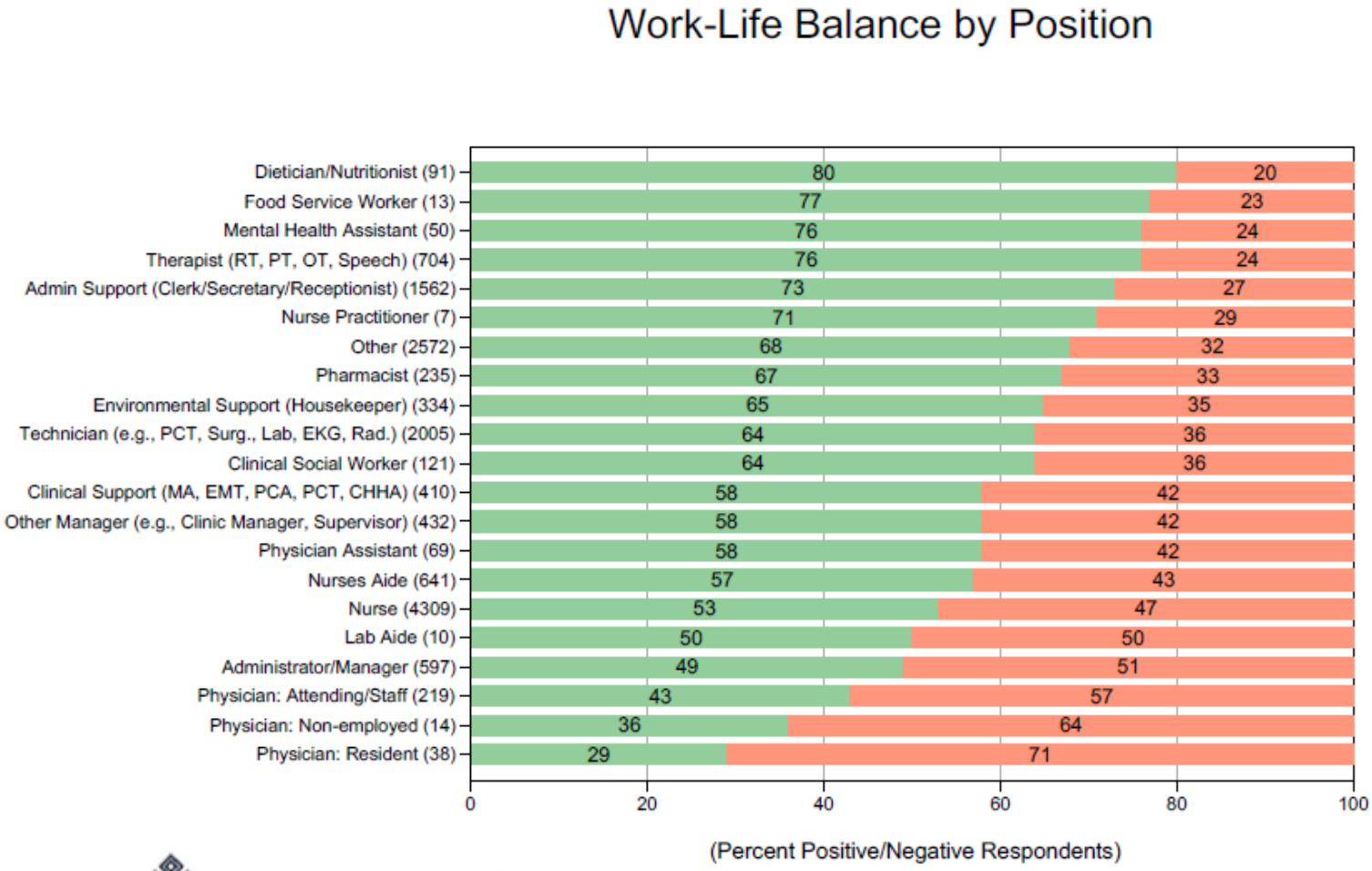
Measuring Impact Continued…



Key:	
	Strongly Agree
	Agree
	Neutral
	Disagree
	Strongly Disagree

1 I believe that CUSP is an effective framework for helping my unit participate in new quality improvement initiatives
2 The online modules gave me the necessary CUSP background information to excel during the in-person worksho
3 The activities and examples provided during the CUSP workshop felt relatable and applicable to my facility.
4 Helped our unit to adopt the components of CUSP.
5 Provided my team the necessary tools to overcome barriers faced when implementing CUSP.
6 Given me the resources to engage leadership in the adoption and implementation of CUSP.
7 Given me the resources to engage other staff members in the implementation of CUSP.
8 Given me the confidence to explain CUSP to others.

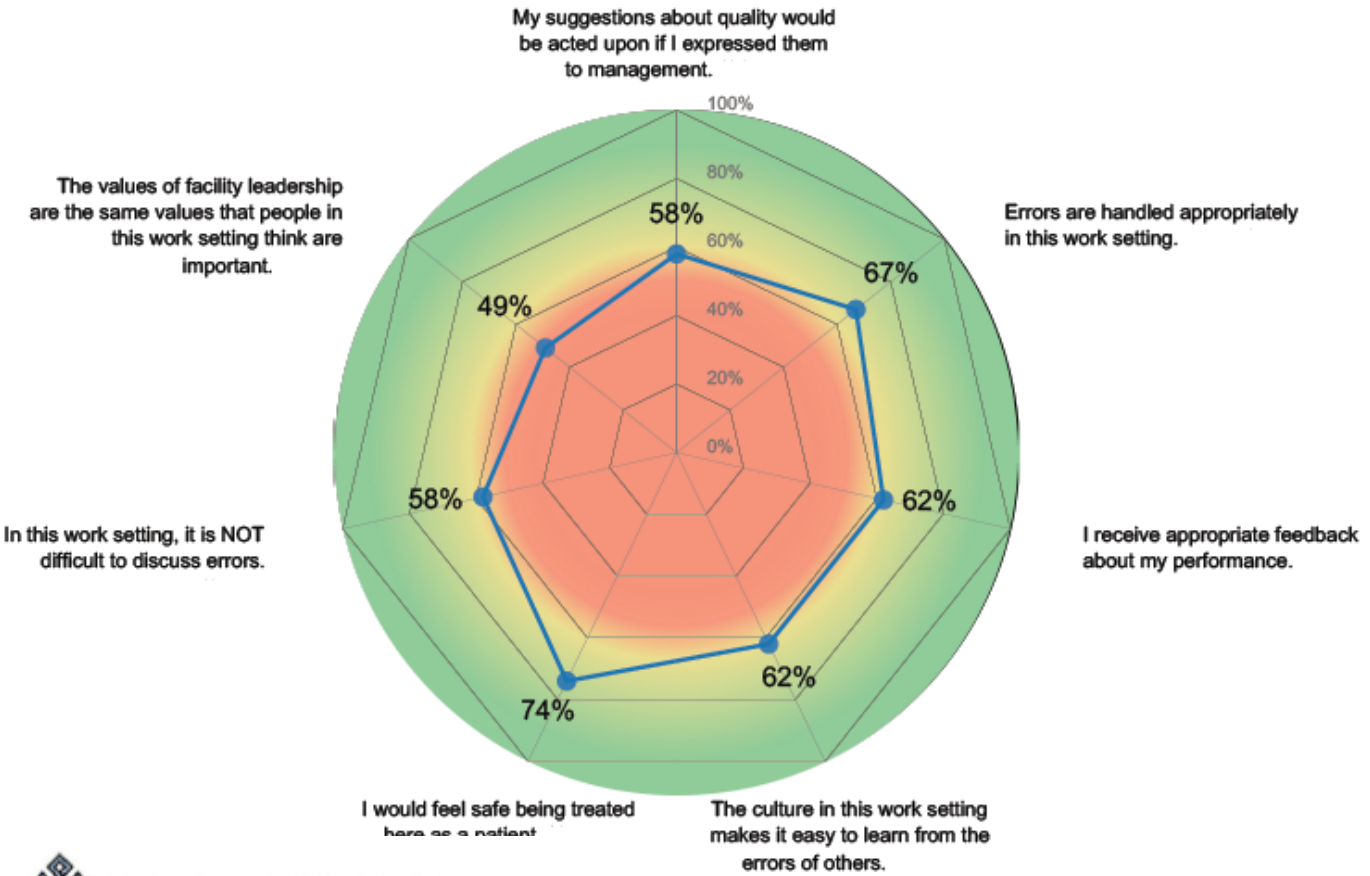
Benchmarked Culture Data



Safe & Reliable Healthcare

Source: June 2015, Safe & Reliable Healthcare

Benchmarked Culture Data (Cont'd)



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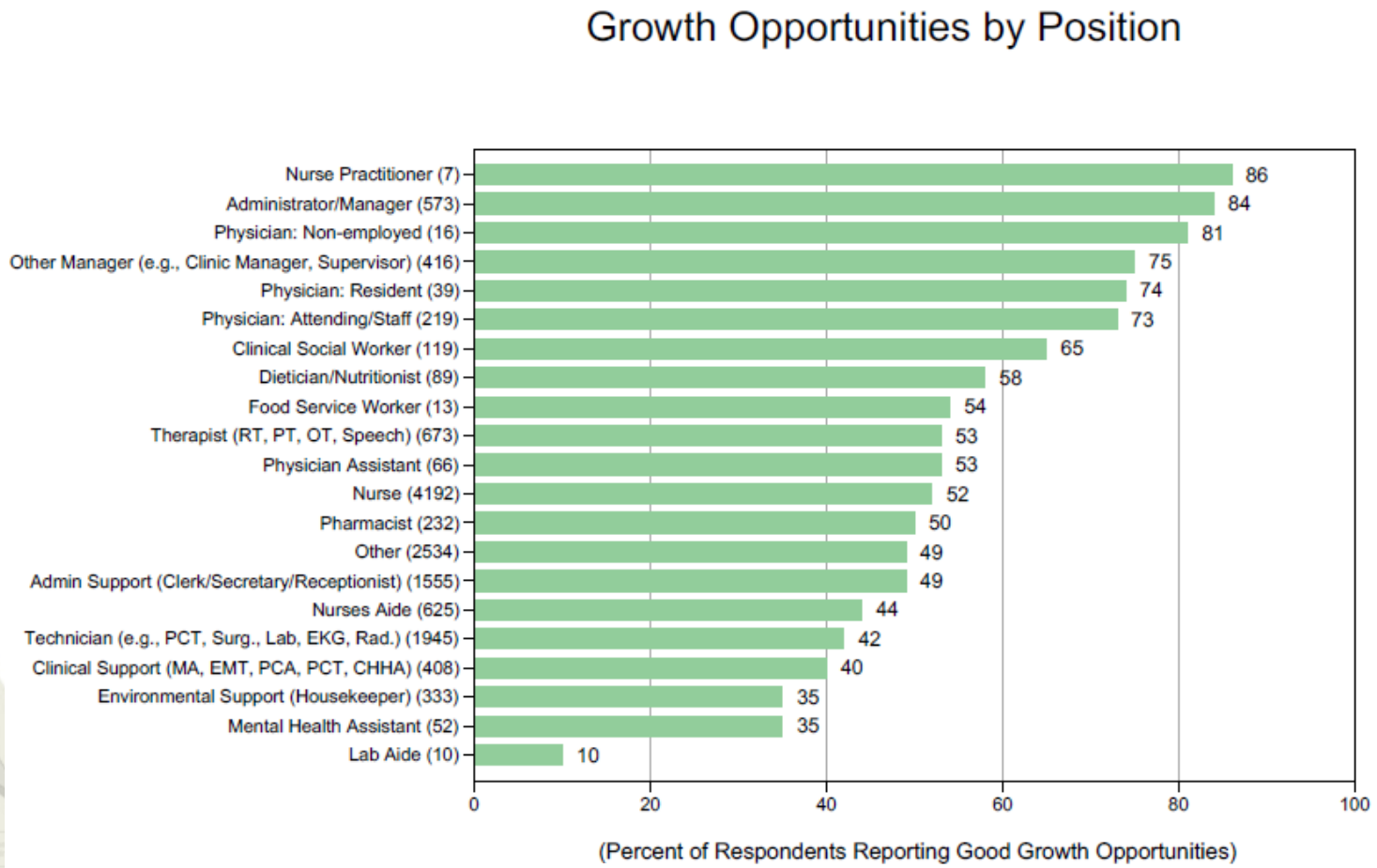

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Why Teamwork and Communication?

- **You can achieve more**
  - Orcas, wolves, ants, bees
- **Layers of protection**
  - Swiss Cheese Model
- **Essential for functionality**
  - What if your sensory and motor nerves stopped communicating with your brain?
  - Historical implications

Questions and Answers

Thank You!

For more information, please contact our team at:

AHRQTeamSTEPPS@aha.org