

TeamSTEPPS
Team Strategies & Tools to Enhance Performance & Patient Safety

Team Training in Healthcare and TeamSTEPPS at Johns Hopkins
December 11, 2013

AHRQ
Agency for Healthcare Research and Quality
PATIENT SAFETY
TEAMS

TeamSTEPPS Team Training in Healthcare & TeamSTEPPS at JHU

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TeamSTEPPS Master Training

- **Two-day training course**
- **Train-the-trainer approach**
- **Prepares you to serve as a TeamSTEPPS Master Trainer by**
 - Providing instruction on TeamSTEPPS tools and strategies
 - Providing an opportunity to develop and plan your TeamSTEPPS implementation
- **Prepares you to serve as a leader for implementing TeamSTEPPS within your organization**

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Upcoming TeamSTEPPS Events

- **Monthly Webinars**
 - Scheduled through September 2014
 - Topics, speakers, and registration information will be posted on the website
- **Annual Conference**
 - June 11-12, 2014 in Minneapolis, MN
 - Call for presenters has been released
 - January 10, 2014 due date

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Help Line (312) 422-2609



Or email: AHRQTeamSTEPPS@aha.org

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Rules of Engagement

- Written questions are encouraged throughout the presentation and will be answered during the Q&A session
- A Q&A session will be held at the end of the presentation
- The lines will open for call-in questions during the Q&A session

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Today's Webinar Presenters

- **Michael Rosen, PhD and Sallie J. Weaver, PhD**
 - Assistant Professors, Department of Anesthesiology and Critical Care Medicine and Armstrong Institute for Patient Safety and Quality, Johns Hopkins University School of Medicine

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Goals of this Webinar

- Provide a review of the current state of team training in healthcare
- Discuss TeamSTEPPS' role in the current state of team training in healthcare
- Share examples of the implementation of TeamSTEPPS at Johns Hopkins

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Team-Training Science: Where are We Now?

Sallie J. Weaver, PhD
Assistant Professor
Dept. of Anesthesiology & Critical Care Medicine,
& Armstrong Institute for Patient Safety and Quality,
Johns Hopkins University School of Medicine

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- **Portions of my work are funded by:**
 - ARHQ
 - The Johns Hopkins Institute for Clinical & Translational Research
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- **No other relationships to disclose**

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Thought Question

**How are you integrating elements of what we know from the science of team-training into your implementation of TeamSTEPPS?
(or how might you be planning to)**

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“...It has become necessary to develop medicine as a cooperative science; the clinician, the specialist, and the laboratory workers uniting for the good of the patient, each assisting in elucidation of the problem at hand, and each dependent upon the other for support.”

—William J. Mayo, Commencement speech at Rush Medical College
1910

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What We Know

- **Team-training can improve patient safety, but...**
 - Implementation strategy matters
 - Sustainment/continuous improvement strategy matters
 - Context matters

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Team-Training as a Patient Safety Practice (Weaver & Rosen, 2013)

- **Moderate to high quality evidence that systematic team-training programs can meaningfully improve:**
 - Care processes
 - Use of evidence-based practice
 - Handoffs
 - Efficiency
 - Reduced care delays
 - Decision time
 - Safety outcomes
 - Adverse events with teamwork and communication related root causes
 - Infection rates
 - Other harm related outcomes
- Occupational health
 - Needlesticks
 - Patient care experience

Making Health Care Safer II: An Updated Critical Analysis of the Evidence for Patient Safety Practices

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Programs That Demonstrate Such Effects Share Several Characteristics...

- **Systematic, mindful approach to implementation**
 - Train-the-trainer is common model
- **Part of the "big picture"**
 - Woven into fabric of organization's or team's approach to improvement
- **Leadership and peer support**
 - Time to participate for both implementation team and all team members
- **Investment in transferring training into practice**
 - Coaching
 - Frontline focused & implementation team focused support
 - Training plus...
 - Support tools & reminders
 - Structures that reinforce good teamwork (e.g., briefings & debriefings as an organizational habit)

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Team Training Experiences at Johns Hopkins

Michael A. Rosen, PhD
 Assistant Professor
 Dept. of Anesthesiology & Critical Care Medicine,
 & Armstrong Institute for Patient Safety and Quality,
 Johns Hopkins University School of Medicine

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Abbreviated Timeline of Team Training at Johns Hopkins

ORs shut down for a day of training led by international experts in aviation CRM. Colossal failure.

Integration of teamwork training into safety and quality infrastructure. An ongoing process to balance local ownership and system wide support and accountability.

MedTeams implemented in 2004 in obstetrics. Program is STILL being taught.

Implementation of different tools and training programs in many units. Some flourish. Some fizzle.

2000 2004 2012 →

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Model of Leadership Accountability

Board — CEO — CEO Direct Reports — Dept. Heads — Unit Leaders — Front line — Patient

3 levers affect each link in the chain

- Accountability & Feedback**
Set the stage with clear expectations, ongoing feedback, and fair consequences for failure and success.
- Capacity**
All organizational members are equipped with the knowledge, skills, and attitudes necessary for supporting, developing, and enacting safety appropriate to their role in the organization.
- Time and Resources**
Equip your staff by providing the bandwidth and tools they need to get the job done.

TeamSTEPPS
 Armstrong Institute Framework for Building Patient Safety & Quality Capacity Across JHMI

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1 PSQ Participation Competencies
 Target: All healthcare professionals (and "lite" version)

- Describe how safety is a property of systems
- Explain principles of safe design
- Apply safe design principles in teamwork as well as technical work
- Incorporate diverse inputs into decision-making process
- Appreciate the importance of teamwork
- Practice the habits of effective team members

2 PSQ Implementation & Basic Evaluation Competencies
 Target: Small Dept. or Unit Leaders with responsibility for ir safety-quality

3 PSQ Implementation & Adv. Eval. Competencies
 Target: Hospital or Large Dept.

SCIENCE OF SAFETY

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1 PSQ Participation Competencies
 Target: All healthcare professionals (and "lite" version)

2 PSQ Implementation & Basic Evaluation Competencies
 Target: Small Dept. or Unit Leaders with responsibility for improving

- L1 plus...
- Create and sustain a patient safety culture that has patient-centered care as its linchpin
- Apply evidence-based practices to develop and support effective multidisciplinary teams working to improve patient outcomes
- Use a systems-based approach to identify and reduce defects
- Develop patient safety initiatives for real and lasting change
- Act as change agents in their organization as they lead efforts to continuously learn from defects and improve patient safety and quality care

3 PSQ Implementation & Adv. Eval. Competencies
 Target: Hospital or Large Dept.

Patient Safety Certificate Program

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1 PSQ Participation Competencies
 Target: All healthcare professionals (and "lite" version for board members)

2 PSQ Implementation & Basic Evaluation Competencies
 Target: Small Dept. or Unit Leaders with responsibility for improving safety-quality

3 PSQ Implementation & Adv. Eval. Competencies
 Target: Hospital or Large Dept.

- MPH, partnered with Bloomberg School of Public Health
- Lean Sigma Black Belt
- TeamSTEPPS Master Trainer(s)
- Advanced Human Factors Engineering

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Integrating TeamSTEPPS with Accountability Systems

- **Structural approaches**
 - Do you have a team of Master Trainers? Enough to support your training needs?
 - Do you have dedicated training time for TeamSTEPPS?
 - What proportion of staff have received training?
 - Is TeamSTEPPS integrated with orientation?
- **Process approaches**
 - Targeting TeamSTEPPS related process metrics for improvement
 - E.g., the quality of pre-operative briefings

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Example of Accountability for TeamSTEPPS: Briefing Audit Tool

- Simple (and reliable) data collection
- Focuses on quality of briefing
- Chosen as a performance metric for FY 2014 in surgical department

Participation – Pausing other tasks

Details of briefing audit tool:

Role	Present	Participates	Pauses other tasks
Anesth. Attending			
Surgeon, Resident			
Anesthesia Attending			
Anesthesia RN/PA*			
Anesthesia Resident*			
Circulator			
Scrub RN or Tech			
Other			

Johnston, F. M., Tergas, A. L., Bennett, J. L., Valero, V., Morrissey, C. K., Flader, A. N., ... & Wick, E. C. (2013). Measuring Briefing and Checklist Compliance in Surgery A Tool for Quality Improvement. *American Journal of Medical Quality*, 1062860613509402.

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Summary

- What's the most effective way to build capacity for TeamSTEPPS in your organization?
- How do you create accountability for TeamSTEPPS implementation and good team behavior?
- How do you allocate time and resources for implementing and sustaining TeamSTEPPS?

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Questions and Answers



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Thank You!

For more information, please contact our team at:
AHRQTeamSTEPPS@aha.org

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