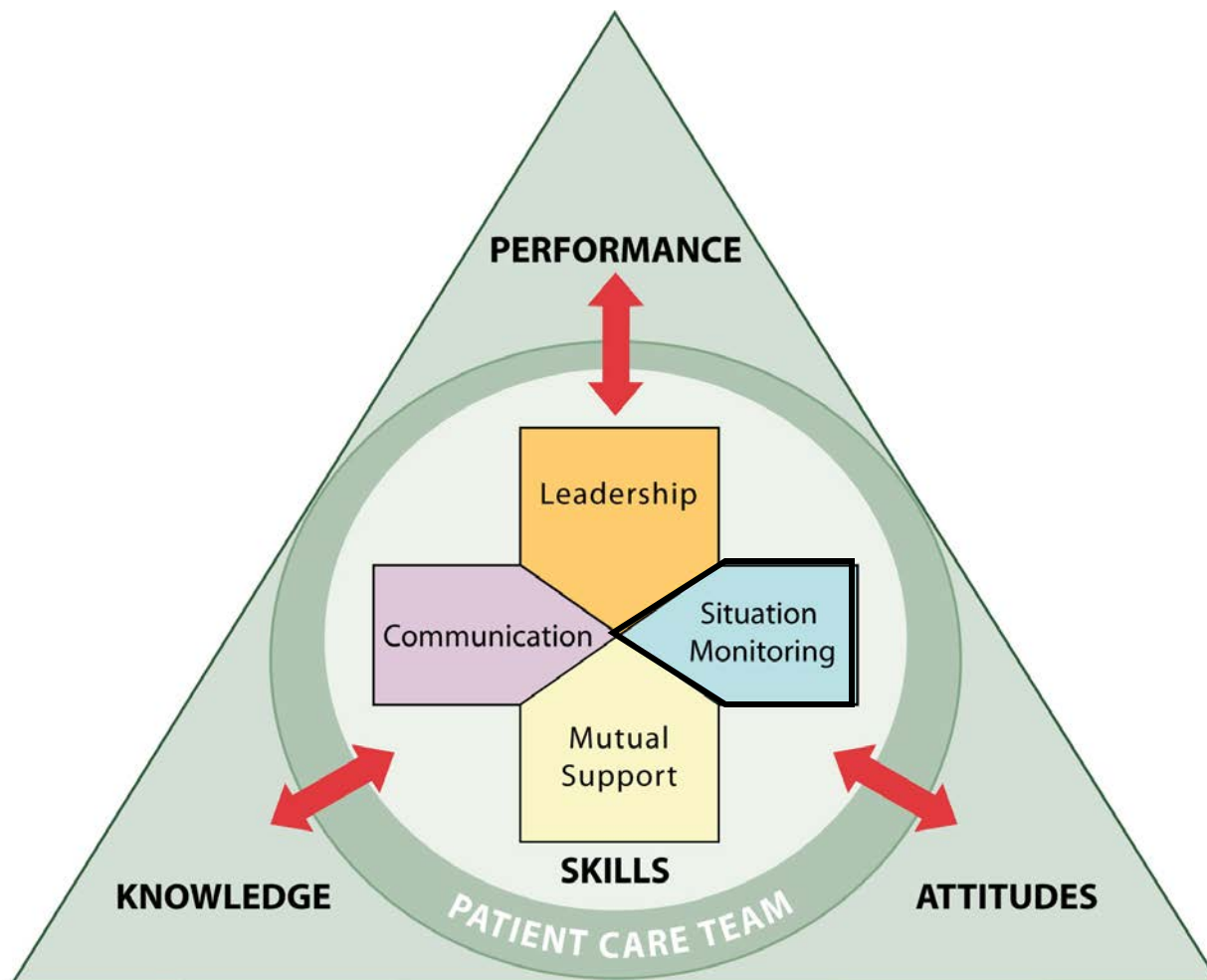


Situation Monitoring

Process of actively scanning and assessing situational elements to gain awareness to support functioning of the team.





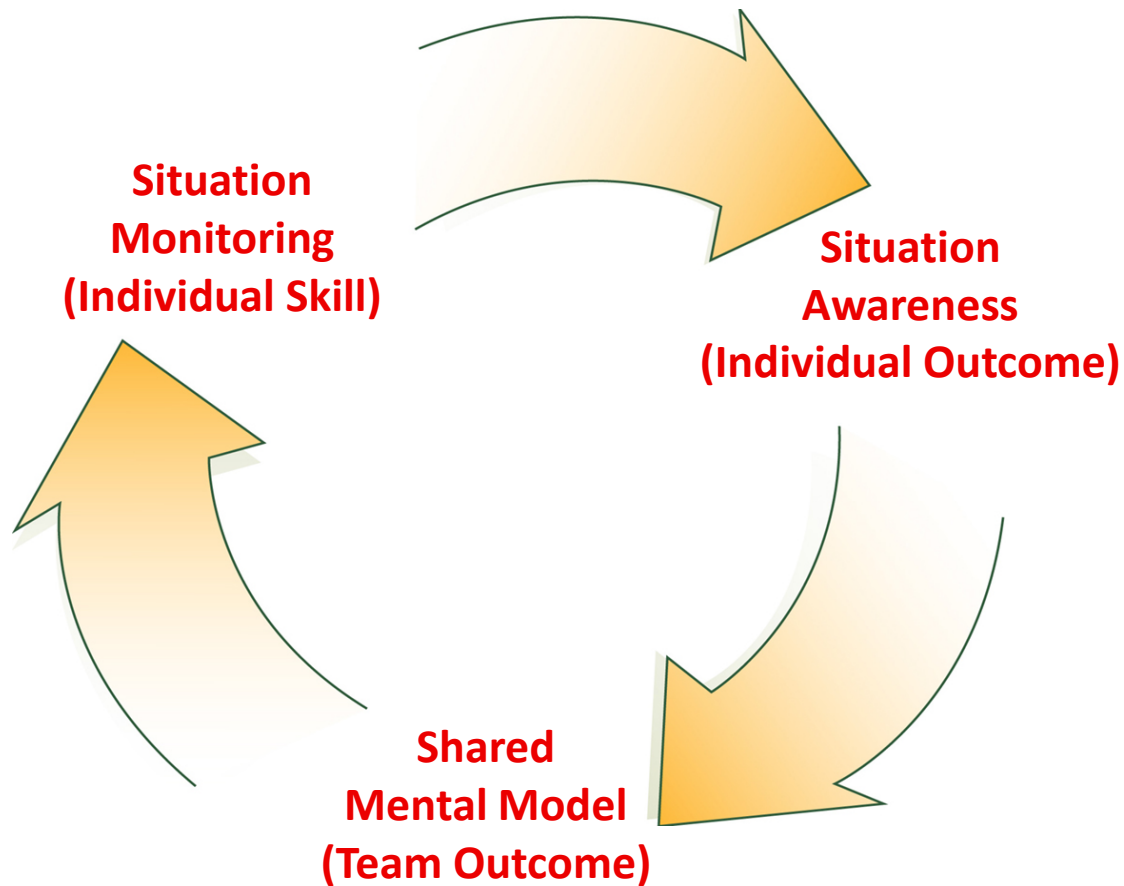
Situation Monitoring/Awareness

The benefits of Situation Monitoring/Awareness include:

- Fosters mutual respect and team accountability
- Provides safety net for team and patient
- Includes cross monitoring

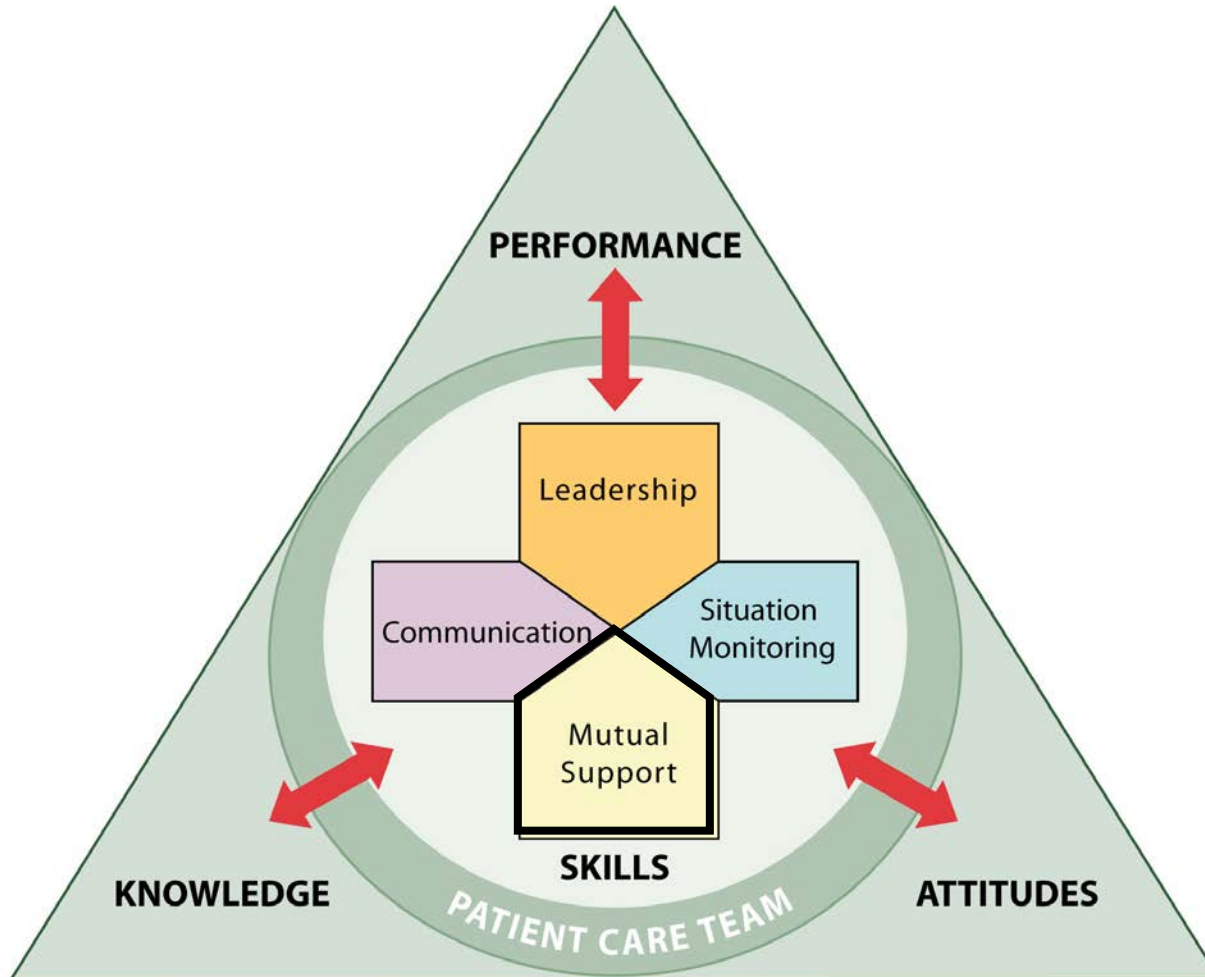
Situation Awareness/Monitoring

A Continuous Process



Mutual Support

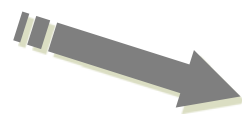
Ability to anticipate and support other team members' needs through accurate knowledge about their responsibilities and workload.



'Team of Experts' ≠ 'Expert Team'



'Team of Experts'



'Expert Team'

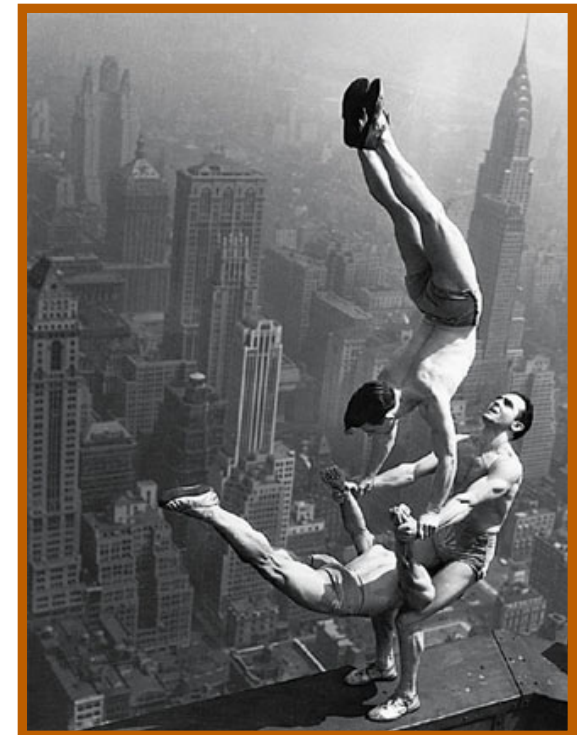


Mutual Support

- **Willingness and preparedness to assist** other team members during patient care
- **Modeled** by good leadership
- **Derived** from situational monitoring
- **Moderated** by communication



The team is only as strong
as its weakest link





Mutual Support – Task Assistance

Climate in which assistance will be actively *sought* and *offered* as a method for reducing the occurrence of error.

Task Assistance:

- Assures success
- Assures appropriate task assignment
- Prevents task overload
- Fosters a ‘team culture’

“In support of patient safety, it’s expected!”

Managing Conflict



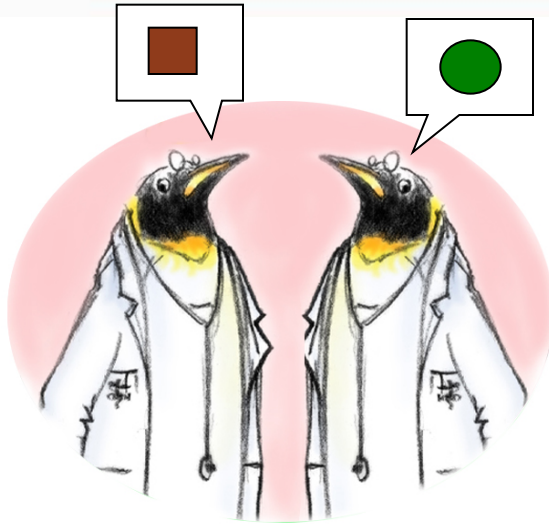
Common Approaches to Conflict Resolution

- **Compromise**—Both parties settle for less
- **Avoidance**—Issues are ignored or sidestepped
- **Accommodation**—Focus is on preserving relationships
- **Dominance**—Conflicts are managed through directives for change



Typically do not result in the best outcome

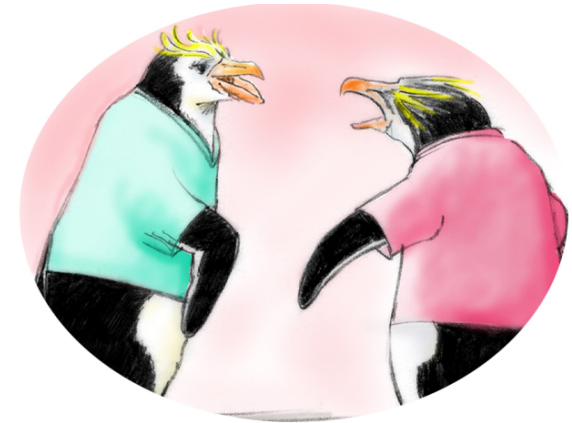
Conflict Resolution Options



Information Conflict
(*We have different information!*)



CUS
Two-Challenge rule



Personal Conflict
(Hostile and harassing behavior)



DESC script

Please Use CUS Words

but *only* when appropriate!

I am **C**oncerned!

C



I am **U**ncomfortable!

U



This is a **S**afety Issue

S
STOP!





CUS

Technique for conflict resolution and mutual support using signal words that catch the teams attention.

1. State your concern

“I don’t think this is second degree AV block.”

2. State why you are uncomfortable

“I think this is third degree block.”

3. If not resolved, state there is a safety issue

“This is serious, I think we need a pacer immediately.”

Objective → “Stop the Line!”



Two-Challenge Rule

Invoked when an initial assertion is ignored...

- It is your responsibility to assertively voice your concern at least two times to ensure that it has been heard
- The member being challenged must acknowledge
- If the outcome is still not acceptable
 - Take a stronger course of action
 - Use supervisor or chain of command

Leadership

vs.



‘Teamanship’



Expected Team Behaviors

Leadership:

- SBAR
- Requests
- Call-Outs
- Cross-Checks
- “Shake the Yoke”
- Task Prioritization
- Situational Awareness
- Mutual Support
- Briefs/Huddle/Debriefs
- Hand-Offs
- Expect and monitor Teammanship

Teammanship:

- SBAR
- Call-Outs
- Check-Backs
- Cross-Monitoring
- Cus’ ing
- Two Challenge Rule
- Mutual Support
- Requests Help

BARRIERS

- Inconsistency in Team Membership
- Lack of Time
- Lack of Information Sharing
- Hierarchy
- Defensiveness
- Conventional Thinking
- Complacency
- Varying Communication Styles
- Conflict
- Lack of Coordination and Follow-Up with Co-Workers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

To recap

TOOLS & STRATEGIES

- Brief
- Huddle
- Debrief
- STEP
- Cross Monitoring
- Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration
- SBAR
- Call-Out
- Check-Back
- Handoff

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- *Patient Safety!!*



Linking TeamSTEPPS to general teamwork issues and HEN HAC Challenges



Process for Selecting Tools for Team and Topic Interventions

- What are the underlying causes for the teamwork and communication problems
 - Within your teams?
 - Related to the HAC improvement?
- Which tools can directly address one or more of these causes?
- How can relevant tools be embedded into your Quality Improvement strategies and resources?
- What process measures should be monitored to see whether tools are helping?



Group Work

- We will briefly review the following slides, per team and topic challenges, that we expect you have you have experienced.
- We would like you to think about your QI team challenges, whether that be general teamwork and communication barriers – or barriers specific to the clinical topics you are addressing.
- We would also like you to brainstorm, with your table / group, which tools will most successfully remedy your QI challenges.



General Teamwork Challenges

Teamwork Challenges

- Staff hierarchy and fear of “speaking up”
- Overload
- Resource constraints
- Burnout
- Flavor of the month
- Lacking leadership, culture, innovation, education, etc.
- Existing beliefs
- Dysfunctional communication patterns
- Unclear role expectations / accountability

Clinical Topic Team Challenges: ADE



Teamwork Challenges

- Knowing when ADE's occur and talking about them
- Making “the right thing to do” feasible
- Reporting barriers because of time constraints
- Self-reports may be biased
- Promoting cross-monitoring



Clinical Topic Team Challenges: CAUTI

Teamwork Challenges

- Avoiding unnecessary catheter insertion in the ED
- Failing to discuss or have plans for catheter removal or assessment of appropriateness
- Concerns about being able to toilet patients due to high work load
- Failure to clarify who owns responsibility for continuing to leave catheters in patients
- Perception that CAUTIs are not important due to ease of treatment

Clinical Topic Team Challenges: CLABSI



Teamwork Challenges

- Failure to establish plans for removing central lines
- Belief CLABSIs are inevitable in some patients
- Safeguards not consistently followed because of lacking mutual accountability
- Materials required to maintain sterile environment are not easily accessible

Clinical Topic Team Challenges: EED/OB



Teamwork Challenges

- Miscommunication between nurses and physicians related to terminology
- Hospital leadership and hospital's unwillingness to speak up when a delivery should/should not be happening
- Lack of community knowledge regarding the concerns with earlier pregnancy
- Empowering nurses to confront physicians about early elective pregnancy

Clinical Topic Team Challenges: Falls



Teamwork Challenges

- Lack of information sharing across the continuum of care; it is important to get the history of falls.
- Lack of sensitive measures – some put everyone on fall risk
- Challenge of convincing staff that they can make changes that matter
- Tailoring and communicating a care plan that may evolve over time
- Geographical layout of units – nurses are further and further from patient
- Accountability – do all team members understand that the patient is at risk for a fall
- Lack of understanding regarding the role of medication in fall risk cases

Clinical Topic Team Challenges: HAPU



Teamwork Challenges

- Staff recognizing that it is everyone's responsibility to move the patient
- Coordinating care between multiple care settings
- Creating an integrated HAPU care plan that is standardized and ensures supplies are available in a common location
- Ensuring care plan is triggered when someone senses a problem
- Ensuring wound care nurses have backup
- Identifying the possibility of a HAPU when it is present on admission and assuring follow-up
- Accurately staging the PU and coordinating communication among nurses

Clinical Topic Team Challenges: Readmission



Teamwork Challenges

- Transforming discharge process to accommodate transitions to other care settings
- Engaging the patient
- Re-defining discharge planning process and where it starts
- Tracking patient education throughout their stay and ensuring a consistent message is delivered
- Tailoring discharge process to ensure it meets patients' needs; avoiding a "one size fits all" solution is adequate.
- Redesigning physician discharge summary
- Medication reconciliation in-house and in the community
- Status of primary care in community



Clinical Topic Team Challenges: Safe Surgery / SSI

Teamwork Challenges

- Normalization of Deviance - timeouts and checklists have become so routine that people are desensitized
- Fear or failure to speak-up in the OR
- Lack of handoff among surgery teams when moving from one procedure to another during the same surgery
- Non-compliant physicians
- Staff “going through motions” without patient and clinical knowledge
- Lack of communication when site markings occur outside of the timeout
- Lack of perception that everyone involved in a procedure is responsible for ‘safe surgery’
- Lack of handoff communication when moving patients throughout the perioperative setting

Clinical Topic Team Challenges: VAP



Teamwork Challenges

- Measuring compliance with the bundle
- Lacking VAP definition
- Difficulty understanding conflicting care goals, for example - the need to have a conversation with the family of a patient who is at the end of life prior to putting the patient on a ventilator is often overlooked
- Mutual accountability related to elevation at head of bed
- Challenge of complacency or lack of perception of need among rural hospitals; difficulty in maintaining a level of heightened awareness.
- Difficulty in understanding extubation criteria and allowing protocol to be executed; often a communication challenge as to who can execute the criteria.
- Sedation vacation and ensuring everyone understands the need of it
- Difficulty managing delirium nutrition

Clinical Topic Team Challenges: VTE



Teamwork Challenges

- Clarifying responsibility for prophylaxis
- Reaching consensus across various care groups regarding the right course of action
- Developing a standardized risk assessment as well as protocol of care and making sure people adhere to them
- Making sure the right people in the team are involved
- Lack of communication among providers; everyone is doing their piece, but there is no follow-up.
- Making sure people know what risk assessment is and they have consensus on what the response should be

Clinical Topic Team STEPPS Matrix

	Leadership			Situation Awareness		Mutual Support						Communication			
HAC-Description	Brief	Huddle	Debrief	STEP	I am Safe	Task Assistance	Feedback	Assertion	DESC Script	Two-Challenge Rule	CUS	SBAR	Call-Out	Check-Back	I Pass the Baton
ADE	X							X			X		X	X	X
CAUTI		X				X				X	X				
CLABSI	X									X	X				
Fall			X												X
EED / OB				X				X		X	X				

Clinical Topic Team STEPPS Matrix

	Leadership			Situation Awareness		Mutual Support						Communication			
	Brief	Huddle	Debrief	STEP	I am Safe	Task Assistance	Feedback	Assertion	DESC Script	Two-Challenge Rule	CUS	SBAR	Call-Out	Check-Back	Pass the Baton
HAC-Description															
HAPU			X												X
Safe Surgery / SSI	X		X								X			X	
VAP	X									X					
VTE	X														X
Readmission			X												X



Linking TeamSTEPPS to HEN Quality Improvement: The Don'ts

- Emphasize teamwork improvement as a separate, stand-alone initiative
 - You will risk competing with other Improvement efforts
- Neglect linking teamwork Improvement efforts to specific outcomes
 - You will risk minor, tangible short-term improvement
- Ignore conflicts
- Deny the need for Quality Improvement
- Reduce the number of areas you work on
- Push staff to promote multiple efforts that will fail or be unsustainable



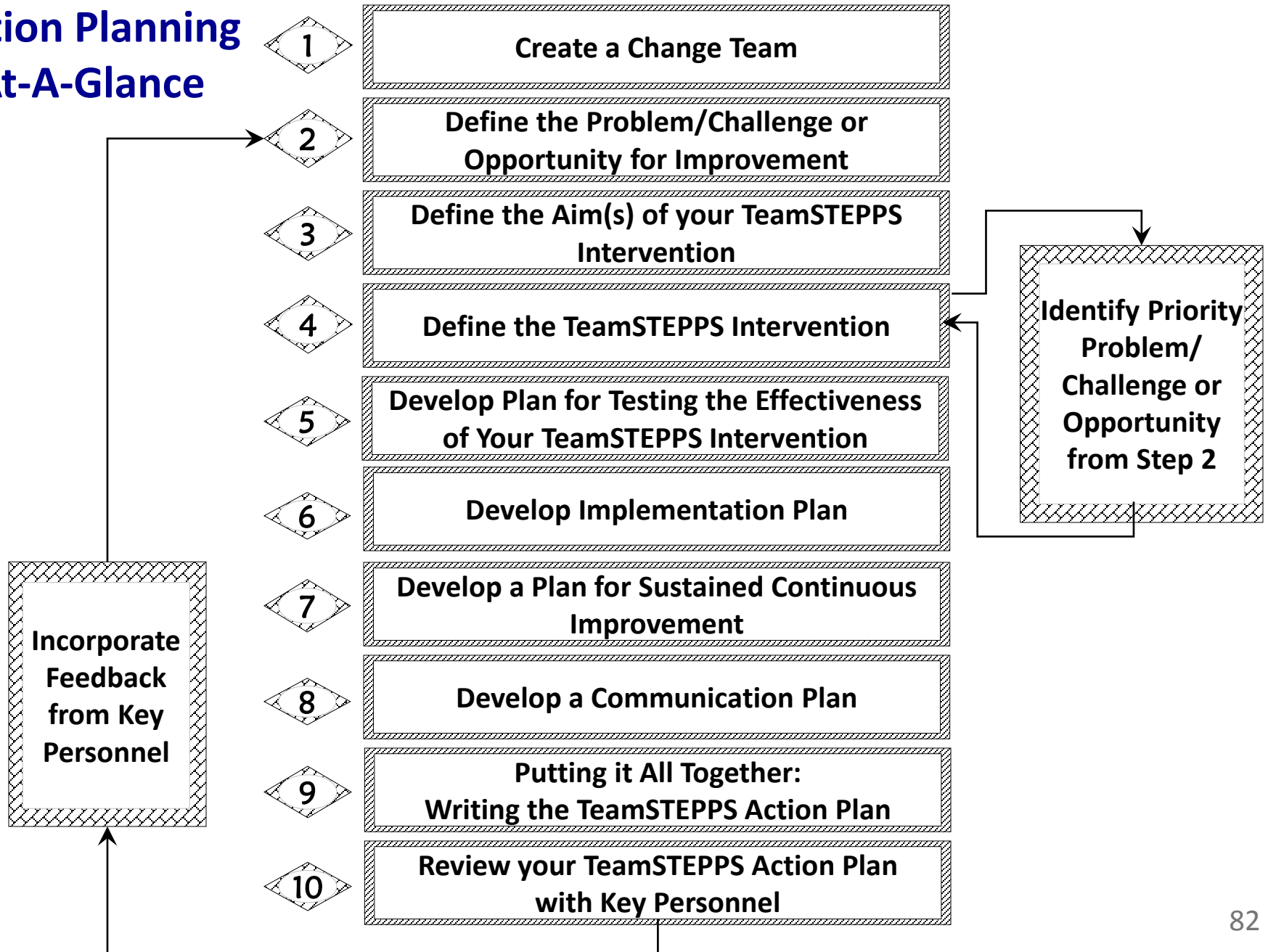
Linking TeamSTEPPS to HEN Quality Improvement: The Dos

- Make all improvement efforts part of an integrated whole that includes:
 - Common core: leadership engagement, safety culture, **teamwork**, data and a Quality Improvement method
 - Topic-specific component
 - One organization-wide improvement effort, with unit-specific components
- Tailor Improvement to specific problems in each targeted area
- Recognize that teamwork impacts each Quality Improvement effort you are making



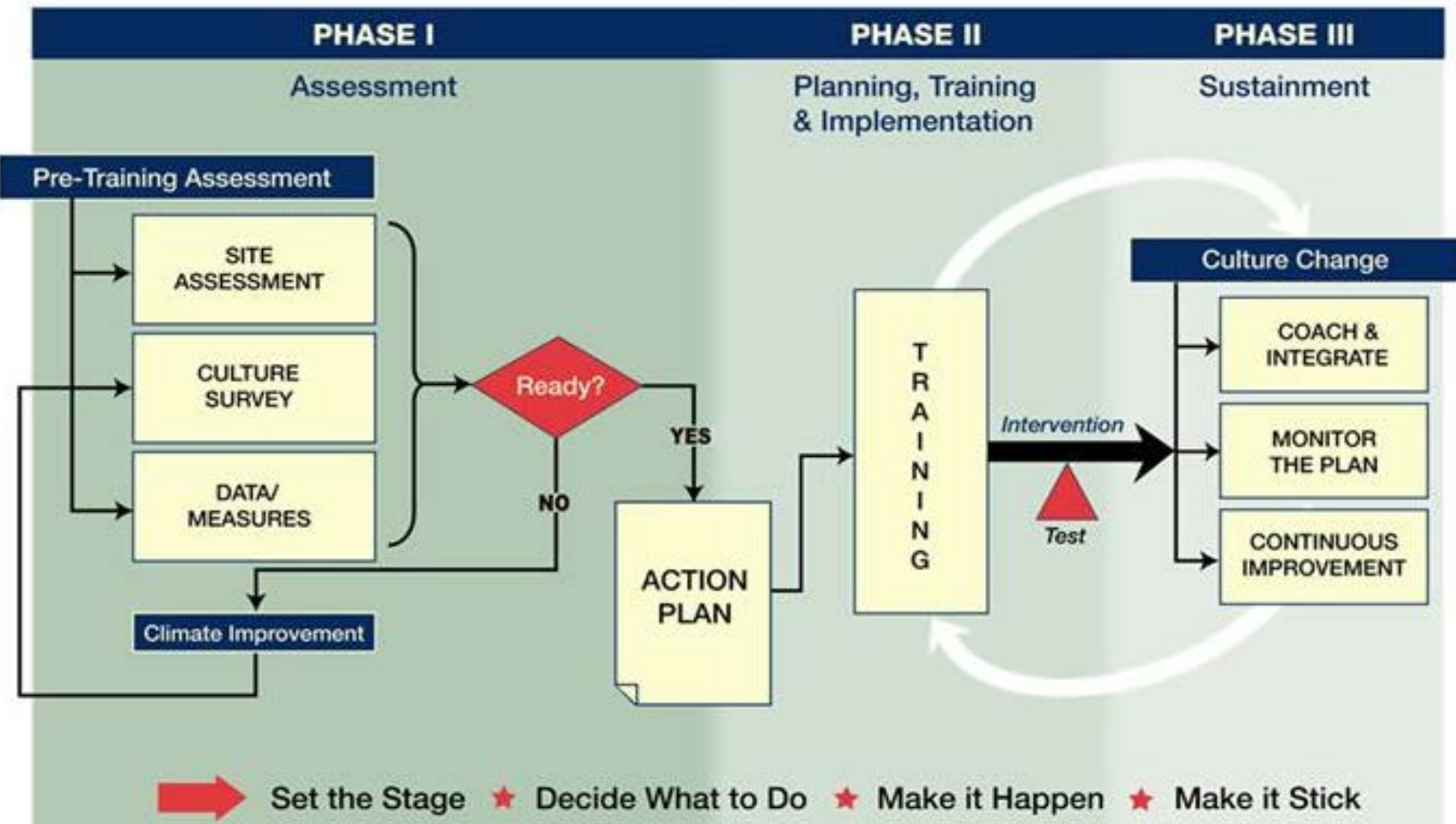
Implementation

TeamSTEPPS Action Planning At-A-Glance





TeamSTEPPS: Towards a Culture of Safety





Evaluating Training Effects

LEVEL 1

Trainee
Reactions

LEVEL 2

Trainee
Learning

LEVEL 3

OTJ
Behaviors

LEVEL 4

Measured
Outcomes

per Kirkpatrick, 1994



Implementing Team Communications Initiative

Start with a FOCUS

BRIEF?

HUDDLE?

DEBRIEF?

CUS?

TWO-CHALLENGE RULE?



Connecting the Dots...

**... To the Improvement
Leader Fellowship and your
Quality Improvement
journey**

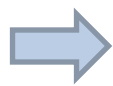


Partnership for Patients

The 40/20 Goal: 10 Clinical Topics

- **Keep patients from getting injured or sicker.**

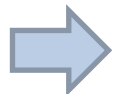
Reduce preventable hospital-acquired conditions by 40 percent



1.8 million fewer injuries to patients, with more than **60,000 lives saved** over the next three years

- **Help patients heal without complication.**

Reduce all hospital readmissions by 20 percent



1.6 million patients will recover from illness without suffering a preventable complication requiring re-hospitalization within 30 days of discharge

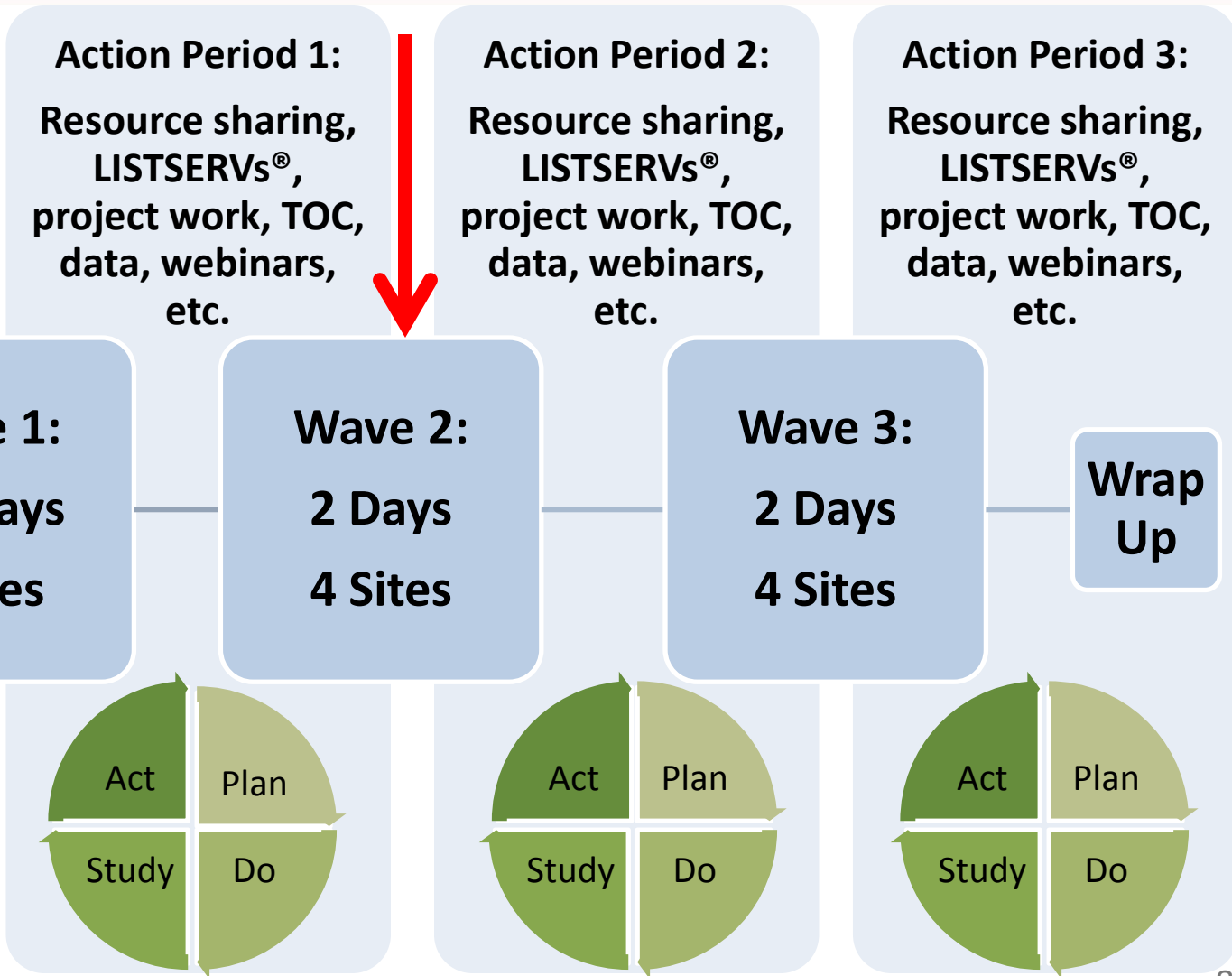


Institute for Healthcare Improvement Model for Improvement Fellowship Design: **You are Here**

What are we trying to accomplish

How will we know that a change is an improvement

What change can we make that will result in improvement





Improvement Leader Fellowship

- **Purpose:** To build improvement/safety capacity at the hospital level
- **Deliverables and Expectations**
 - Three in-person meetings
 - Virtual meetings
 - Pre and post homework
 - Submit Project Progress Reports
 - Utilize the Project Assessment Scale to assess your progress
 - Submit data
 - Demonstrate learning through a hospital-specific action learning project(s), focused on ten clinical topics

Self Assessment Score = ____, (1=Planning; 2=Some Activity; 3=Some Improvement; 4=Significant Improvement; 5=Outstanding Results; See AHA/HRET Assessment Scale document for more detail)

Aim Statement

- Aim?: (Including your *How Good* and *By When* statement)
- Why is this project important?:

Changes Being Tested, Implemented or Spread

- For each listed change, indicate whether it is being Tested (T), Implemented (I) or Spread (S)

Run Charts

Make fonts large and use simple text, labels, dates and notes **prior** to shrinking graphs. Should be able to fit 6-8 readable graphs here. If no data are available for a particular measure, please create an “empty” run list that includes the name of the measure to be collected.

Lessons Learned

• Enter summary here

Recommendations and Next Steps

- Enter summary here (What do you need from Executive Project Champion, Sponsor at this time to move project?)
- Recommendations
- Next steps for testing

Team Members

- Name of Project Champion, Senior Leader Sponsor & all other names and roles

PROJECT PROGRESS REPORT



Your Fellowship Homework for the Next Action Period

THINK . . .

Strategically – Pragmatically – Outcomes focused

1. What is one problem you are trying to fix - that some aspect of TeamSTEPPS will help you with?
2. When you go back to your facility, how are you going to introduce that aspect of TeamSTEPPS to the people that need it?
3. When will that happen?
4. How will that happen?
5. How will you know whether it is working?



Thank you! Questions?

Thank you for joining us!

What questions do you have for our presenter(s)?

?