ARTICLE SUMMARY

An introduction to TeamSTEPPS, an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals.

BACKGROUND

Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals. TeamSTEPPS was developed by the Department of Defense (DoD). Patient Safety Program in collaboration with the Department of Health & Human Services’ Agency for Healthcare Research and Quality (AHRQ). The goal of TeamSTEPPS is to produce highly effective healthcare teams that optimize the use of information, people, and resources to achieve the best clinical outcomes for their patients. TeamSTEPPS is scientifically-rooted in over 25 years of research and lessons learned from application of teamwork principles identified in Crew Resource Management and within High-Reliability Organizations.

TEAMSTEPPS Homepage: http://teamstepps.ahrq.gov

RECENT TEAMSTEPPS COLLABORATIVE HIGHLIGHTS

The 4th Annual TeamSTEPPS Collaborative was held June 2-3, 2010 in Bethesda, Maryland. The Collaborative is a joint venture between the Agency for Healthcare Research and Quality (AHRQ) and DoD. It was an opportunity for staff in the DoD Military Treatment Facilities (MTF) as well as in civilian healthcare organizations, to come together to focus on selected topics related to improving communication and reducing medical errors by integrating teamwork principles into daily practice, from a multidisciplinary perspective. Participants were able to share success stories, lessons learned and emerging practices.

This year’s two-day session emphasized the post-training phase of TeamSTEPPS — more specifically aspects of John Kotter’s model — “make it happen and make it stick.” This includes implementation, measurement and evaluation, aligning clinical skills with team skills and behaviors through simulation, and managing disruptive behaviors. Approximately 300 people attended. The agenda on the following pages included valuable plenary and breakout sessions.
DAY 1 PRESENTATIONS:

- **Plenary 1:** Managing Disruptive Behavior in the Healthcare Setting
- **Plenary 2:** Does TeamSTEPPS Work?
- **Breakout Session 1:** Disruptive Behavior
- **Breakout Session 2:** Using Simulation for TeamSTEPPS Training
- **Breakout Session 3:** Implementation Strategies: Innovative Ideas and Lessons Learned
- **Breakout Session 4:** Barriers to Effective Implementation and Sustainment

DAY 2 PRESENTATIONS:

- **Breakout Session 1:** Designing Measurement of TeamSTEPPS Implementation Success — A Civilian Perspective
- **Breakout Session 2:** Getting Physicians Engaged
- **Breakout Session 3:** Incorporating TeamSTEPPS into Health Profession Education
- **Breakout Session 4:** Designing Measurement of TeamSTEPPS Implementation Success — A Military Perspective

The most valuable information obtained was the new Professional Conduct Toolkit release; expert information on disruptive behavior; how to improve simulation with team skills focus as well as how implement and measure it; measurement of team outcomes and care outcomes for impact; and best practices posters of both military and civilian implementations.

Valuable link to presentations of all sessions and video of plenary sessions for this year’s collaborative: [http://health.mil/DODpatientsafety/ProductsandServices/TeamSTEPPS/TeamSTEPPSCollaborative](http://health.mil/DODpatientsafety/ProductsandServices/TeamSTEPPS/TeamSTEPPSCollaborative)

If you are interested in more on simulation you can check out the website of Society for Simulation in Healthcare: [http://www.ssih.org/ssih/ssih/home/default.aspx](http://www.ssih.org/ssih/ssih/home/default.aspx)

TEAMSTEPPS ELEMENTS

The TeamSTEPPS triangle logo is a visual model that represents some basic but critical concepts related to teamwork training as explained below. Individuals can learn four primary trainable teamwork skills: Leadership, Communication, Situation Monitoring, and Mutual Support.

If a team has tools and strategies it can leverage to build a fundamental level of competency in each of those skills, research has shown that the team can enhance three types of teamwork outcomes: Performance, Knowledge and Attitudes.

The tools and strategies that are taught are: Briefs, Huddles, Debriefs, STEP, Cross Monitoring, Feedback, Advocacy and Assertion, Two-Challenge Rule, CUS, DESC script, Collaboration, SBAR, Call-out, Check-Back, Handoff. These are combined in the curriculum with Dr. John Kotter’s "Our Iceberg Is Melting, Changing and Succeeding Under Adverse Conditions," concepts to help with change management.

THOSE EIGHT STEPS ARE:

**Setting the stage:**

**Step 1:** Create a sense of urgency. Help others see the need for change and the importance of acting immediately.

**Step 2:** Pull together the guiding team. Make sure that a powerful group is guiding the change — one with leadership skills, credibility, communications ability, authority, analytical skills, and a sense of urgency.

**Deciding what to do:**

**Step 3:** Develop the change vision and strategy. Clarify how the future will be different from the past and how you can make that future a reality.

**Making it happen:**

**Step 4:** Communicate for understanding and buy-in. Ensure that as many others as possible understand and accept the vision and the strategy.
Step 5: Empower others to act. Remove as many barriers as possible so that those who want to make the vision a reality can do so.

Step 6: Produce short-term wins. Create some visible, unambiguous successes as soon as possible.

Step 7: Don’t let up. Press harder and faster after the first successes. Be relentless with instituting change after change until the vision becomes a reality.

MAKING IT STICK:

Step 8: Create a new culture. Hold onto the new ways of behaving and make sure they succeed until they become a part of the very culture of the group.

TeamSTEPPS has an overall three-phased process aimed at creating and sustaining a culture of safety. There is a pretraining assessment so organizations can evaluate implementation readiness. The training is built so that you can implement on-site trainers training which includes coaching and training techniques as well as, the healthcare professionals training on leadership, communication, situation monitoring, and mutual support skills. And lastly, there are some implementation and sustainment templates and tools to help keep the momentum and focus. The TeamSTEPPS curriculum is easy to use and includes modules for presentation with videos for demonstration, pocket guides, and workshop material on DVD.

Tools and materials are available online at: http://teamstepps.ahrq.gov/abouttoolsmaterials.htm

There is also a module for Rapid Response Teams and a Dental Module to supplement the general skills materials. There is also a TeamSTEPPS Teamwork Attitudes Questionnaire that is downloadable to help with initiative measurement.

PROFESSIONAL CONDUCT TOOLKIT: THE LATEST ADDITION TO THE TEAMSTEPPS COLLECTION

The Professional Conduct toolkit was released June 2010. It contains four modules plus a resource module. It is based on the TeamSTEPPS approach.

The curriculum is an interactive facilitated style. The content includes a module on Professional Conduct, Teamwork, and Patient Safety; Responding to Behaviors that Undermine Safe Patient Care; Supporting engagement; The Role of Leaders and System Responses; and High-Conflict Personalities, Mental Health Issues, and Safety Considerations. Tools include:

Connect & Correct: Tips for Engaging
This tip sheet outlines the steps for using the PEARLA technique to Connect with team members and the DESC script to correct behavior.

Cultivating Conflict Competence: A Checklist for Team Leaders
This checklist can help you assess your team in 16 factors that contribute to conflict competence.

Tips and Tools for Connecting: PEARLA
This tool provides additional information on using the PEARLA technique, including how to remain focused in a difficult situation and how to create empathy with a team member who is behaving badly.

TeamSTEPPS Action Planning Guide
This guide can help you implement Professional Conduct and other TeamSTEPPS initiatives within your healthcare facility.

The new toolkit is a great resource to meet The Joint Commission Sentinel Event Alert #40 related to disruptive behavior in healthcare organizations.

The toolkit can be downloaded from: http://health.mil/dopatientsafety/ProductsandServices/Toolkits/ProfessionalConduct.aspx

THE SHARP TEAMSTEPPS STORY

In 2004 Sharp HealthCare embarked on a journey to implement a team training strategy. The platform for this initiative was an increasing awareness of the role communication and teamwork failures played in the analysis of our serious adverse events; addressing this gap was called out in our strategic patient safety plan.
We began this journey by partnering with Dynamics Research Corporation (DRC), operated by Heidi King and Mary Salisbury, two key contributors to the current TeamSTEPPS curriculum. The Team Coordination Course offered by DRC required a sizable fee to train each instructor as the content was not yet in the public domain. This factor significantly limited our ability to implement this program widely. During this phase of our implementation journey several key individuals throughout the organization received training as super-users who were then able to roll out the training to staff in identified high-risk departments in the system. This implementation phase was largely governed by the willingness of early adopters to apply this new solution in their departments. Several departments who led this early change remain leaders in our current TeamSTEPPS initiative.

In 2006 this excellent curriculum was made available in the public domain as the TeamSTEPPS program through the DoD and AHRQ. This change eliminated the costly fees required to train additional instructors, which was a limiting factor to more widespread implementation. With this change Sharp chose to develop its own program melding the concepts of TCC and TeamSTEPPS in a program entitled Team Resource Management (TRM). During this phase of implementation we had a greater emphasis on measurement and accountability. The strongest support came from one of Sharp HealthCare’s four acute care hospitals that committed to implement TRM throughout their entire entity, training over 700 of staff over a four month period. The homegrown program was well received but it was difficult to spread changes and share tools to all the departments that had implemented the program.

A turning point came in June of 2008 when several key leaders from across the organization attended a TeamSTEPPS Master Trainer class at Duke University. It was our first real look at the full spectrum of tools and support infrastructure that TeamSTEPPS offers, and we made the decision at that time to adopt this program at Sharp HealthCare. Up until this time the Director of Patient Safety for Sharp HealthCare maintained responsibility for the team training implementation strategy. It was at this conference that this group of leaders decided to create a steering committee with representation from each of the entities to lead this system initiative. This guiding group meets monthly to review the plan and identify ways to support leaders who have implemented TeamSTEPPS in their units.

One gap we realized was that there was often a lag between the time leaders attended the TeamSTEPPS leaders training course and their unit implementation. They often left very motivated but other department priorities swallowed up their time and energy. We realized that we needed to close this gap. We adapted the training class so that the second day content was built around change acceleration concepts with breakout time for leaders to develop a TeamSTEPPS implementation plan. In walking through each step of the change process and identifying what they needed to do, leaders left the course with the beginning of an implementation strategy. A copy of this plan was sent to the Master Trainer at their site to follow up and encourage them with their department implementation. A lesson we learned, and now actively encourage, is for units to send several key leaders to the course so that their department planning is more robust and meaningful.

Another gap we recognized is that it’s hard to continue to dedicate time and attention to this initiative once the initial training has been done. To address that gap we created the TeamSTEPPS Skill of the Month newsletter. Each month we focus on one TeamSTEPPS skill and gather ideas and stories from across the organization of how units have used this skill to improve patient safety or other outcomes in their departments. Since we offer this course to clinical and non-clinical department leaders, we try to focus on application in the non-clinical settings as well. The newsletter contains a poster that can be hung in the unit, or discussed at staff meetings or safety huddles. The poster is in an editable format so that departments can modify it to include unit specific examples to make it more relevant to their staff.

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A common Sharp HealthCare adage is, “It’s a marathon, not a sprint.” Now in our sixth year of our team training journey we look back on the great progress that has been made, but we also look forward to the work still to be done. This critical initiative is about continual learning and steady progress toward our goal to be a safer organization to care for our patients.

SOURCES:

Internet Citation for Kotter’s Change steps: TeamSTEPPS Fundamentals Course: Module 1. Introduction; Instructor’s Slides. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/teamsteppstraining/instructor/fundamentals/module1/ intro.htm

AHRQ TEAMSTEPPS home page
http://teamstepps.ahrq.gov/

Professional Conduct Toolkit, 2010
http://health.mil/dod/patientsafety/ProductsandServices/Toolkits/ProfessionalConduct.aspx

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THE DISTANCE

We will again administer the AHRQ Survey of Patient Safety Culture following error prevention training to determine if employees perceive the safety culture is improving in our region. Our Steering Committee will be especially interested in the areas of (1) increased reporting, i.e., a non-punitive environment; (2) the perception of overall hospital safety; and (3) the support of leaders in promoting safety in the organization.

The ultimate question remains — are our patients safer? The objective is to develop a culture of safety that results in our health system being among the safest places in the nation to receive care. Our goal is to reduce serious safety event rates by 50 percent in pursuit of no patient harmed by 2013.

Hospitalist: A clinical specialty, an administrative or management specialty, a venue to practice a specialty, or a new hospital employee?
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advanced training in hospital procedures and clinical management of complicated cases, there must be a recognition that the business and administrative aspect of being a hospitalist must be incorporated into educational programs for hospitalists. Furthermore, it must be accepted that this knowledge and skill can generally not be effectively learned without some formal education and mentoring. Residencies generally do not enjoy the expertise or the inclination to provide this type of education. Hopefully Sister Irene has opened the door to the possibility that being a care-giver and an effective administrator and businessman are not mutually exclusive career goals in today’s healthcare market.

SUMMARY

Over the past decade the hospitalist movement has taken on a new force within the structure of healthcare. It is seen by many to have an integral role in the future of hospital medicine. Nevertheless, its role and its definition within medical education and the healthcare community are still debated. What are the missing links necessary to formalize the hospitalist movement in the future of healthcare reform? This article explores some of the topics that need further discussion in this new “specialty.”