Improving Communication and Leadership using TeamSTEPPS

Aug. 13, 2015
Objectives

- What is TeamSTEPPS?
- Why do we need to learn team skills?
- What are the skills and team structure taught in the TeamSTEPPS curriculum?
- Identify leadership, communication, and other teamwork skills used to address a patient safety issue
TeamSTEPPS

What Defines a Team?

- Two or more people
- Interact dynamically, interdependently, and adaptively
- Work toward a common and valued goal
- Have specific roles or functions
- Have a time-limited membership

What is TeamSTEPPS™?

Team Strategies and Tools to Enhance Performance and Patient Safety

- An evidence-based teamwork system based on 30+ years of research and evidence
- Designed to improve
  - Safety
  - Quality
  - Efficiency of health care
- Practical and adaptable...a foundation for interprofessional education and practice
Overview

The Theory

TeamSTEPPS

Mutual Performance Monitoring

Team Leadership

Back-up Behavior

Team Orientation

Mutual Trust

Adaptability

Shared Mental Models

Team Effectiveness

Closed Loop Communication

Coord. Mechanism

Big 5

What Will You Learn?

**Knowledge**
Cognitions
“Think”

**Skills**
Behaviors
“Do”

**Attitudes**
Affect
“Feel”
TeamSTEPPS

Use teamwork to create a chain of accountability

Team Structure

- Patient/Family
- Core Team
- Coord. Team
- Ancillary & Support
- Administration
- Board

Contingency Team

http://teamstepps.ahrq.gov/
Why Learn Teamwork?

- Teams that communicate effectively and back each other up reduce the frequency and risks of human error.
- Team skills must be trained.
- Teams are better able to use information, people and resources than individuals.
- Teams are the fundamental unit of learning in organizations.
- Teams provide a safety net for fallible human beings caring for complex patients in complex systems.
Why Invest in TeamSTEPPS?

- Annual cost of medical errors in hospitals is approximately 98,000 lives and $17-29 billion\(^1\)

- 1.8% of hospital admissions experience a preventable medical error costing $19.5 billion\(^2\)

- 13.5% of Medicare beneficiaries experience an adverse event during hospitalization (from random sample discharged 10/2008)\(^3\)


Why Invest in TeamSTEPPS?

Nearly 25% of ambulatory patients may experience an adverse drug event¹

Missed and delayed diagnoses were identified in 59% of a sample of closed malpractice claims from the ambulatory setting²

Root Causes of Sentinel Events Reported to Joint Commission 2009 - 2013

- 2013 (n=887)
- 2012 (n=901)
- 2011 (n=1243)
- 2010 (n=802)
- 2009 (n=936)

- Human Factors
- Leadership
- Communication
- Assessment
- Physical Environment
- Information Management
- Operative Care
- Care Planning
- Continuum of Care
- Medication Use

TeamSTEPPS

Tools & Strategies Summary

**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 Coworkers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

**TOOLS and STRATEGIES**

**Communication**
- SBAR
- Call-Out
- Check-Back
- Handoff

**Leading Teams**
- Brief
- Huddle
- Debrief

**Situation Monitoring**
- STEP
- I’M SAFE

**Mutual Support**
- Task Assistance
- Feedback
- Assertive Statement
- Two-Challenge Rule
- CUS
- DESC Script

**OUTCOMES**
- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance

*Patient Safety!!*
Situation: A 71 y/o male was admitted on 7/13/15 for a right total knee arthroplasty. He experienced a fall on 7/15/15 according to the following timeline:

- 7/13/15 day of surgery
- 7/14/15 at 2000 elevated BP 190/100; metropolol dosage increased
- 7/15/15
  - 1100: CNA rounded on patient
  - 1315: Patient finished a physical therapy session. The physical therapist left the patient sitting up in the bedside chair.
  - 1430: Patient wanted to go to the bathroom but did not use the call light. He became lightheaded and fell when attempting to stand up from the chair. He sustained contusion to the right forearm; knee incision was intact.
  - 1430: Staff down the hall heard the patient fall and responded.
TeamSTEPPS in Context

**Patient:** Had been sitting up since morning PT session at 9am, through lunch, and until the fall. Did not use the call light before trying to ambulate to the bathroom because PT sessions had been going well, and assumed he would manage OK on his own. Felt lightheaded just before the fall.

**CNA:** Assisted the patient with toileting at 11am, before lunch. Skipped rounding on him after lunch because he was working with PT at the time, got busy with other things, and forgot to come back.

**Physical Therapist:** Wanted the patient to remain sitting up after the PT session to help prevent pulmonary complications post-surgery, and to promote knee extension by having him prop his R leg on a stool. Did not realize that the patient had sat up all morning already. Did not communicate to the CNA or RN that the patient was remaining up in the chair because was in a hurry to get to the next patient.

**Pharmacist:** Patient’s current meds include Metoprolol XL 50 mg qd (just increased from his normal dose of 25 mg qd), hydrocodone 5mg/acetaminophen 325 mg q 6 hrs prn, and Coumadin 5 mg qd. Concerned that the dosage of Metoprolol XL is too high, and would have recommended a “wait and see” approach to the elevated BP, rather than increasing the dosage of Metoprolol XL, because the potential risks (side effects of dizziness and lightheadedness) outweigh the benefit, especially in light of the patient’s pain meds (with similar side effects) and fall risk status.

**Staff Nurse:** Patient’s BP was 190/100 last night, so MD increased dosage of Metoprolol XL this morning from 25 mg qd (his normal daily dose) to 50 mg qd. His last set of VS taken at 10 am (with patient sitting in the bedside chair, 3 hrs after taking meds) indicated his BP was 124/76. Additional meds include hydrocodone 5mg/acetaminophen 325 mg q 6 hrs prn, and Coumadin 5 mg qd.
TeamSTEPPS

Communication...Information Exchange

Effective communication skills are:

- How most TeamSTEPPS strategies and tools are executed.
  - Closed loop
  - Brief, clear, timely, complete

- Enable team members to effectively relay information.

- Vital for patient safety.
TeamSTEPPS

SBAR: A technique for communicating information that requires immediate attention and action

What if the RN had communicated with the PT using the following SBAR?

**Situation**—What is going on?
“Mr. Davis’s metropolol was increased this morning from 25 mg qd to 50 mg qd.”

**Background**—What is the background?
“He had an elevated blood pressure reading last night of 190/100.

**Assessment**—Why is this important?
“Mr. Davis is at high risk of injury from a fall because he is also on an anticoagulant and he has a surgical incision.”

**Recommendation**—What needs to be done?
“Please check for orthostatic hypotension this morning when you are ambulating with him.”
What if the PT and CNA had communicated using the following check-back?

**Therapist:** I just finished Mr. Davis’ PT session and he is sitting up in his chair. He gets dizzy when he first stands up because they increased his BP medicine. Guard him closely when you transfer and ambulate with him.

**Nursing Assistant:** Okay, Mr. Davis is up in his chair and I need to guard him closely when he goes back to bed in 20 minutes.

**Therapist:** Yes, that’s correct.
TeamSTEPPS

Leading Teams…Effective Leaders

- Define, assign, share, monitor, and modify a plan
- Review the team’s performance
- Establish “rules of engagement”
- Manage and allocate resources effectively
- Provide feedback regarding assigned responsibilities and progress toward the goal
- Facilitate information sharing
- Encourage team members to assist one another
- Facilitate conflict resolution
- Model effective teamwork

Be the change you want to see!
TeamSTEPPS

Leading Teams

Two Types of Leaders
1. **Designated** – The person assigned to lead and organize a team, establish goals, and facilitate communication among team members.
2. **Situational** – Any team member who has the skills to manage the situation at hand.

Bringing Teams Together
1. **Share the plan: Brief** – planned, short session to share the plan, form the team by assigning roles and responsibilities, establish expectations, anticipate outcomes and establish contingencies.
2. **Monitor and modify the plan: Huddle** – ad hoc meeting to re-establish situational awareness, reinforce plans, determine need to adjust the plan.
3. **Review team performance: Debrief** – informal exchange of information to improve team performance by sharing lessons learned and reinforcing positive behavior.
“Know the plan, share the plan, review the risks.”

What if the patient care team had conducted a brief at the beginning of the day/shift?
Huddle to Monitor and Modify the Plan

- Hold ad hoc, “touch base” meetings to regain situation awareness
- Discuss critical issues and emerging events
- Anticipate outcomes and likely contingencies
- Assign resources
- Express concerns

https://www.youtube.com/watch?v=MdsAE5AwYZg&feature=youtu.be

What if the patient care team had conducted a huddle after the patient fall?
Debrief to Improve

“What went well? What will we do differently next time?”

What if the patient care team had conducted a debrief after Mr. Davis’ discharge?
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Situation Monitoring

- An individual skill resulting in individual awareness

- Ensures new or changing information is identified for communication and decision-making

- Leads to effective support of fellow team members when information is shared during briefs, huddles, and debriefs, and other daily interactions
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Situation Monitoring

Status of Patient or Project
- Patient History
- Vital Signs
- Medications
- Physical Exam
- Plan of Care
- Psychosocial Condition

Team Members
- Fatigue
- Workload
- Task Performance
- Skill Level
- Stress Level

Environment
- Facility Information
- Administrative Information
- Human Resources
- Triage Acuity
- Equipment

Progress Toward Goal
- Call a Huddle!
- Status of Team’s Patient(s)
- Goal of Team
- Tasks/Actions That Are or Need To Be Completed
- Plan Still Appropriate

What if members of the patient care team engaged in situation monitoring techniques, such as STEP?
Overview

TeamSTEPPS

Situation Monitoring

*Shared Mental Models Help Teams!*

- Lead to mutual understanding of situation
- Lead to more effective communication
- Enable back-up behaviors
- Help ensure understanding of each other’s roles and how they interplay
- Enable better prediction and anticipation of team needs
- Create commonality of effort and purpose

What do you see?

What if members of the patient care team had a shared mental model?
Mutual Support

Mutual support involves members:

1. Seeking and offering task assistance
2. Providing and receiving feedback
3. Advocating and asserting for patients
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Task Assistance... “In support of patient safety, it’s expected!”

Team members foster a climate in which it is expected that assistance will be actively sought and offered as a method to reduce error.

What if CNA had asked for task assistance with Mr. Davis?

**Nursing Assistant:** Could you please provide some task assistance for one of my patients, Mr. Davis?

**Staff Nurse:** Sure, what tasks can I assist you with?

**Nursing Assistant:** Mr. Davis’ just finished his PT session at 1:15pm, and the PT let me know he is sitting up in his chair. The last time I rounded and assisted him with toileting was at 11am, before lunch, because last hour he was working with PT. I’m swamped with other patients and tasks right now, and may not get to my rounds with him this hour. I’m not sure of the last time he used the restroom, and I don’t want him to try to get up alone. Could you please check on him for me in the next 15 minutes?

**Staff Nurse:** Sure, I will check on Mr. Davis in the next 15 minutes and provide assistance as needed. Is there anything else about Mr. Davis’ situation or status that I should know?
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Mutual Support

Please Use CUS Words but *only* when appropriate!

What if the pharmacist used the CUS tool in communication with the physician about the blood pressure medication increase?

Example:

**C:** I am *concerned* about the change in Mr. Davis’ blood pressure medication.

**U:** I am *uncomfortable* with how much his medication dosage was increased after only one blood pressure reading.

**S:** This is a *safety issue* because Mr. Davis may become lightheaded upon standing and increase his risk of falling.
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Effective Team Members and Leaders Facilitate Conflict Resolution

- Facilitate conflict resolution to avoid compromising patient safety and quality of care
- Do not allow interpersonal or irrelevant issues to negatively affect the team
- Help team members master conflict resolution techniques

“Connect” with PEARLA

P - Presence
E - Empathy
A - Acknowledgement
R - Reflect/reframe
L - Listen openly
A - Ask questions

“Correct” with DESC

D - Describe the specific behavior
E - Express how it makes you feel and what your concerns are
S - Suggest alternatives and seek agreement
C - Clarify the consequences in terms of the impact on goals of the team
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Coaching to Improve Communication, Leadership, and Teamwork

Coaches:
- Role model behavior
- Observe performance and provide feedback
- Motivate team members
- Provide opportunities to practice and improve

**Communication**
- Communicate Instructions
- Provide Feedback
- Listen for Understanding

**Performance Improvement**
- Set Performance Goals
- Reward Improvement
- Deal with Failure
- Assess Strengths and Weaknesses

**Relationship Building**
- Build Rapport and Trust
- Motivate Others
- Work with Personal Issues
- Confront Difficult Situations

**Execution**
- Respond to Requests
- Following Through
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Summary

- TeamSTEPPS tools and strategies can improve communication, leadership, situation monitoring, and mutual support.
- Effective teamwork improves team knowledge, attitudes, performance, and patient safety.
- Starts with leadership and communication.
- Benefits realized with commitment to monitoring, coaching, and continued improvement to hardwire teamwork tools and behaviors into daily practice.
Questions?
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