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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
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

Help Line (312) 422-2609

Or email: AHRQTeamSTEPPS@aha.org

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
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

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

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
Disclosures

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  - ARHQ
  - The Johns Hopkins Institute for Clinical & Translational Research
  - Veterans Administration
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- No other relationships to disclose

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)

“...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
Diffusion of Laparoscopic Technology

Poulsen PB, Poulsen, S., Vondeling, H, Jorgensen, T.

3,679 articles → 33 studies included (reported in 35 papers)
57% = Multi-faceted interventions
- 60% included team-training
- 24% included executive walkrounds
- 24% included comprehensive unit based safety program (CUSP)
72% significantly improved safety culture survey scores
11 studies also reported patient outcomes
- 55% sig. improvement
  - Rates of reported errors resulting in pt. harm (Abstoss et al., 2011)
  - Rates of RRS activations that resulted in codes (Donahue, 2011)
  - Adverse outcomes (Riley, et al., 2011)
TeamSTEPPS

What We Know

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

TeamSTEPPS 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

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)
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

Abbreviated Timeline of Team Training at Johns Hopkins

2000
ORs shut down for a day of training led by international experts in aviation CRM. Colossal failure.

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

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

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

2012
Integration of teamwork training into safety and quality infrastructure. An ongoing process to balance local ownership and system wide support and accountability.

Model of Leadership Accountability

3 levers affect each link in the chain

Accountability & Feedback
Set the stage with clear expectations, ongoing feedback, and fast consequences for failure and success.

Capacity
All organizational members are equipped with the knowledge, skill, and attitudes necessary for supporting, developing, and maximizing their role in this organization.

Time and Resources
Equip your staff by providing the bandwidth and tools they need to get the job done.
TeamSTEPPS

What Comprises Team Performance?

Knowledge
Cognitions
“Think”

Attitudes
Affect
“Feel”

Skills
Behaviors
“Do”

...team performance is a science...consequences of errors are great...

TeamSTEPPS

Examples of Key Topics Have Been Identified

TeamSTEPPS

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

Target: All healthcare professionals (and 'lite' version for board members)

Target: Small Dept. or Unit Leaders with responsibility for improving safety

Target: Hospital or Large Dept.
TeamSTEPPS
Armstrong Institute Framework for Building Patient Safety & Quality Capacity Across JHMI

1. **Organization:**
   - Target: All healthcare professionals (and "lite" version for board members)
   - Description:
     - Focuses on safety as a property of systems
     - Applies principles of safe design
     - Incorporates diverse inputs into decision-making processes
   - Objectives:
     - 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 processes
     - Appreciate the importance of teamwork
     - Practice the habits of effective team members

2. **Program:**
   - Target: Small Dept. or Unit Leaders with responsibility for improving safety
   - Description:
     - 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
     - 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. **Certificate Program:**
   - Target: Hospital or Large Dept.
   - Description:
     - MPH, partnered with Bloomberg School of Public Health
     - Lean Sigma Black Belt
     - TeamSTEPPS Master Trainers
     - Advanced Human Factors Engineering
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

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**

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?
Questions and Answers

Thank You!

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