Reducing Risks Through Effective Communication: AHRQ’s TeamSTEPPS®

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Objectives

At the conclusion of this program, you should be able to:

• Identify the role of communication in healthcare litigation.

• List three essential elements for making TeamSTEPPS effective.

• Evaluate your organization’s likelihood of effectively implementing TeamSTEPPS.
Registration polling results

Registration polling results will be shared during the live webinar.

Today's program

Today's speaker is Christine M. Hoskin, RN, MS, CPHRM, Senior Patient Safety & Risk, MedPro Group
(Christine.Hoskin@medpro.com)

Christine provides comprehensive risk management services to healthcare systems, hospitals, clinics, and doctors in Colorado, Nebraska, Oklahoma, Iowa, and Kansas.

Christine has been involved in risk and quality management throughout her career, providing oversight of clinical education, epidemiology, safety, accreditation, risk management, quality improvement, and nursing. She has experience in a range of care settings — including both inpatient and outpatient facilities, primary care, specialty care, dental care, and rehabilitation — and with various patient populations.

These opportunities have enabled Christine to develop a strong understanding of the challenges and opportunities facing healthcare providers and organizations.

Christine is a registered nurse. She earned her bachelor of science and master of science degrees from Nebraska Methodist College of Nursing and Allied Health. Additionally, Christine is a member of the American Society for Healthcare Risk Management and holds a certificate in healthcare risk management and completed the TeamSTEPPS master trainer curriculum.
Today's program

Today's speaker is MaryAnn Digman, RN, MSHA, Senior Patient Safety & Risk Consultant, MedPro Group (Maryann.Digman@medpro.com)

MaryAnn brings a wealth of education and more than 25 years of progressive clinical and operational healthcare leadership experience to her responsibilities at MedPro Group.

Her previous roles in large integrated systems, academic medical centers, community hospitals, and rural healthcare facilities in public, not-for-profit, and investor-owned systems — and her experience as a COO/CEO — are invaluable to her clients as they develop effective business strategies.

MaryAnn earned her RN degree from St. Mary's School of Nursing in Rochester, Minnesota. She completed her bachelor of science degree in health education from the University of New Mexico and her master of science degree in healthcare administration from the University of St. Francis in Joliet, Illinois.

MaryAnn is a member of the American College of Healthcare Executives (ACHE), and she has served on the Board of Directors of the Voluntary Hospitals of America (VHA) Southwest, the New Mexico Hospital Association, and numerous community agencies.

Patient safety movement

TeamSTEPPS® released to the public

Centers for Medicare & Medicaid Services Partnership for Patients Campaign

IOM Report

TeamSTEPPS National Implementation Program began

Partnership for Patients Campaign

JCAHO National Patient Safety Goals

Patient Safety and Quality Improvement Act of 2005

TeamSTEPPS released to the public

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Centers for Medicare & Medicaid Services Partnership for Patients Campaign

"To Err Is Human" IOM Report

JCAHO National Patient Safety Goals

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Centers for Medicare & Medicaid Services Partnership for Patients Campaign


Medical Team Training
Why are we still talking about patient safety?

**Oregon brain surgery patient dies after being given wrong drug**

Dallas County

Dallas toddler dies after heparin overdose at Nebraska hospital

**Patient on anticoagulants dies of post-op bleeding**

$200,000 settlement

The patient went to his treating physician, the defendant, for a complaint of low back pain, bilateral lower extremity pain and fatigue on Oct. 25, 2007. The patient had been treated with anti-coagulants for nine years for a previous condition.

**DENTIST CHARGED WITH HOMICIDE AFTER PATIENT DIES IN THE CHAIR WHILE HAVING 20 TEETH PULLED**

February 26, 2013 by Trent Nelson

**Toddler bled to death in hospital on a weekend due to ‘catastrophic’ lack of communication between doctors**

- Two-year-old Tharan Umashankar died from bleeding of the stomach lining

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**Communication as a risk factor by allegation category**

36% of all MedPro claims closed between 2005 and 2014 involve communication as a contributing factor. Of these, 59% were associated with outpatient settings, and 41% were associated with inpatient settings.

Within the top 10 allegation categories, as shown here, patient monitoring cases had the highest percentage of communication issues identified (68%). These cases include allegations of inadequate monitoring of patient conditions/symptoms after treatments or procedures.

NOTE: Communication is both an allegation category and a contributing factor.

Source: MedPro Group closed claims, 2005-2014
Communication as a risk factor by responsible service

Communication issues are a common theme across all provider types, with family/internal medicine cases accounting for the highest percentage.

ENT and plastic surgery account for half of the surgical specialties; cardiology and neurology account for almost half of the medicine specialties.

Source: MedPro Group closed claims, 2005-2014

Communication as a risk factor by specific issue

Communication factors occur almost evenly between providers and patients/families and among providers. Technology issues are beginning to make their way into claims involving communication as well.

Source: MedPro Group closed claims, 2005-2014
Communication as a risk factor between providers & patients/families

Issues with informed consent and patient education, as well as poor rapport, drive communication breakdowns between providers and patients/families.

Source: MedPro Group closed claims, 2005-2014

Communication as a risk factor among providers

Communication during handoffs, consults, and referrals is a major driver in claims involving communication issues among providers.

Source: MedPro Group closed claims, 2005-2014
It’s a problem — how do we fix it?

What does TeamSTEPPS stand for?

Team

Strategies
&
Tools
to
Enhance
Performance
and
Patient
Safety
What is TeamSTEPPS?

TeamSTEPPS is an evidence-based teamwork system designed to optimize patient outcomes by improving communication and teamwork skills among healthcare professionals.

The TeamSTEPPS framework and competencies are based on knowledge, attitudes, and performance.

The program includes a comprehensive set of ready-to-use materials and a training curriculum to successfully integrate teamwork principles into any healthcare system.

Key principles of TeamSTEPPS

<table>
<thead>
<tr>
<th>Key Principles</th>
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<tbody>
<tr>
<td>Team Structure</td>
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<tr>
<td>Identification of the components of a multi-team system that must work together effectively to ensure patient safety</td>
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<tr>
<td>Communication</td>
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<td>Structured process by which information is clearly and accurately exchanged among team members</td>
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<td>Leadership</td>
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<td>Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources</td>
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<td>Situation Monitoring</td>
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<td>Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning</td>
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<td>Mutual Support</td>
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<td>Ability to anticipate and support team members' needs through accurate knowledge about their responsibilities and workload</td>
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### Evidence that TeamSTEPPS works

**Capella, et al. (2010)**
- Trauma resuscitation team implementation
- Pre- and post-TeamSTEPPS training results:
  - Team performance improved across all teamwork skills: leadership, situation monitoring, mutual support, communication
  - Significantly decreased times from arrival to CT scanner, endotracheal intubation, and operating room

**Thomas & Galla (2013)**
- System-wide implementation
- Pre- and post-TeamSTEPPS training results:
  - Significant improvement in HSOPSC scores on feedback and communication about error, frequency of events reported, hospital handoffs and transitions, and teamwork across units
  - Incremental changes evident through reduction of nosocomial infections, falls, birth trauma, and other incidents


Characteristics of high-performing teams

High-performing teams:

- Hold shared mental models
- Have clear roles and responsibilities
- Have clear, valued, and shared vision
- Optimize resources
- Have strong team leadership
- Engage in a regular discipline of feedback
- Develop a strong sense of collective trust and confidence
- Create mechanisms to cooperate and coordinate
- Manage and optimize performance outcomes


How does TeamSTEPPS work?
Resources

Assessment
Team development
Leadership engagement
Defining the problem
Action planning worksheets
Creating change teams
And the list goes on

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/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!
Tools — communication

Communication — additional handoff tools

**ANTICipate**
- Administrative data; new clinical information; tasks to be performed; illness severity; contingency plans for changes

**I PASS**
- Illness severity; patient summary; action list for the new team; situation awareness and contingency plans; synthesis and "read back" of the information

**SHARQ**
- Situation; history; assessment; recommendations/result; questions
Tools — leadership

Brief Checklist
During the brief, the team should address the following questions:
- Who is on the team?
- Do all members understand and agree upon goals?
- Are roles and responsibilities understood?
- What is our plan of care?
- What is staff and provider’s availability throughout the shift?
- How is workload shared among team members?
- What resources are available?

Debrief Checklist
The team should address the following questions during a debrief:
- Was communication clear?
- Were roles and responsibilities understood?
- Was situation awareness maintained?
- Was workload distribution equitable?
- Was task assistance requested or offered?
- Were errors made or avoided?
- Were resources available?
- What went well?
- What should improve?

Tools — situation monitoring

STEP
A tool for monitoring situations in the delivery of health care
Components of Situation Monitoring:
- Status of the Patient
- Team Members
- Environment
- Progress Toward Goal

Cross-Monitoring
A harm error reduction strategy that involves:
- Monitoring actions of other team members
- Providing a safety net within the team
- Ensuring that mistakes or oversights are caught quickly and easily
- “Watching each other’s back”

I’M SAFE Checklist
- I = Illness
- M = Medication
- S = Stress
- A = Alcohol and Drugs
- F = Fatigue
- E = Eating and Elimination

Each team member is responsible for assessing his or her own safety status.
Tools — mutual support

CUS
Assertive statements:
I am CONCERNED!
I am UNCOMFORTABLE!
This is a SAFETY ISSUE!
“Stop the Line”

Two Challenge Rule
Empowers all team members to “Stop the line” if they sense or discover an essential safety breach.

When an initial assertive statement is ignored:
• It is your responsibility to assertively voice concerns at least two times to ensure that it has been heard.
• The team member being challenged must acknowledge that concern has been heard.
• If the safety issue still hasn’t been addressed:
  – Take a stronger course of action
  – Utilize supervisor or chain of command

Mutual Support

Task Assistance
Helping others with tasks quicks a strong team. Key strategies include:

• Team members protect each other from work overload situations
• Effective leaders place all office and requests for assistance in the context of patient safety
• Team members foster a climate where it is expected that assistance will be actively sought and offered

Video vignettes

• Based on tools
• Variety of practice settings
• Free
• Additional videos
  YouTube/Internet-based

Program training options — AHRQ

- **Train-the-trainer.** This 2-day training course is designed to create a cadre of teamwork instructors with the skills to train and coach other staff members.

- **Fundamentals.** This curriculum includes 4–6 hours of interactive workshops for direct patient care providers.

- **Essentials.** This curriculum is a 1- to 2-hour condensed version of the Fundamentals Course and is specifically designed for nonclinical support staff.

- **Online and in-person options** are available.

Register for free training or learn more: [http://teamstepps.ahrq.gov/](http://teamstepps.ahrq.gov/)

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Tailoring your program

- Limited English proficiency
- Dental
- Primary care
- Medical specialties
- Long-term care
- Rapid response
- CUSP toolkits
- CLABSI tools
- Chronic care
- Shared decision-making
- Rapid response systems
Medpro Group commitment

Recap of phases
Phase 1

- Complete site assessment evaluation
- Review data
- Provide feedback on worksheets/plans

Phase 2

- Review action plan
- Review training plan
- Troubleshoot when complications occur
Phase 3

- Review outcomes
- Recommend adjustments to action plans

The real world — interview with a TeamSTEPPS facility

CASS COUNTY HEALTH SYSTEM
Atlantic, Iowa
Jennifer Arp, BSN, RN, CPHQ
Performance Improvement Director
Quality/Risk Mgmt./Safety/Infection Control
Employee Health/Care Coordination
What questions do you have?

Disclaimer

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