



Transforming ED Teamwork to Achieve Great Results and Other Lessons Learned for Success

AHA Team Training Monthly Webinar

3/14/2018

RULES OF ENGAGEMENT

- Audio for the webinar can be accessed in two ways:
 - Through the phone (*Please mute your computer speakers) or
 - Through your computer
- A Q&A session will be held at the end of the presentation
 - Written questions are encouraged throughout the presentation and will be answered during the Q&A session
 - To submit a question, type it into the Chat Area and send it at any time during the presentation
- An evaluation will be sent to your email after the webinar

UPCOMING TEAM TRAINING EVENTS

- April 11 Webinar
 - DOCTORS and NURSES and MEDICS – Oh MY! Using TeamSTEPPS and Collaborative Gaming to Enhance Teamwork and Communication
 - Free to [register](#)
- Want to present on a webinar? [Submit your proposal](#) today!
- 2018 Master Training Courses registration [now open](#)

TEAM TRAINING NATIONAL CONFERENCE: JUNE 20-22 IN SAN DIEGO

- Take advantage of the [early bird registration rate](#) – ends March 30
- Utilize the SBAR [justification letter](#)
- Program
 - 3 pre-conference workshops
 - 1 Master Training Course
 - 27 breakout sessions
 - Networking and poster events
 - 3 keynote speakers



CONTACT INFORMATION

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TODAY'S PRESENTERS



Tanveer Gaibi MD, FACEP
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Kathy Helak, MSN, RN, FACHE
Senior Director, Patient Safety
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Rishi Garg, MD
Associate CMO
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TODAY'S OBJECTIVES

Objective # 1: Understand effective and practical application of TeamSTEPPS in the Emergency Department to improve the management of Sepsis.

Objective # 2: Understand effective methods for engaging clinicians and applying TeamSTEPPS training between departments.

Objective # 3: Understand leadership essentials for successful TeamSTEPPS integration into practice.

ABSTRACT

At Inova Fairfax Medical Campus (IFMC), we have created an environment where all staff and physicians embrace TeamSTEPPS and connect it to improving patient care. Effective communication across disciplines is essential to our key results for an “exceptional patient experience” and “a great place to work” as well as our journey to High Reliability to prevent harm to patients. Join us on Wednesday, March 14, 2018 from 1:00 to 2:00 p.m. ET for a webinar titled, **Transforming ED Teamwork to Achieve Great Results and Other Lessons Learned for Success**. This webinar will share two successful initiatives involving a Level 1 Trauma Emergency Department as well as key lessons learned with deployment of TeamSTEPPS in a large medical center. Dr. Tanveer Gaibi, MD, Chairman of Emergency Medicine will present the collaborative leadership model for teamwork and improved patient outcomes in the care of sepsis patients. Dr. Rishi Garg, MD, Associate Chief Medical Officer will present the “Cross-Department Collaboration” program developed between the Emergency Department and Hospitalists using TeamSTEPPS and clinical simulation to improve communication and collaboration for patient care. Success with these and all TeamSTEPPS programs requires strong leadership engagement at every level of the organization. Kathy Helak, MSN, RN, FACHE, Senior Director, Patient Safety, Inova Health System, will share lessons learned and essentials for leadership success and integration into practice.

ABOUT INOVA HEALTH SYSTEM

INOVA HEALTH SYSTEM

Inova is a not-for-profit healthcare system with a wide variety of integrated health services that serves the Northern Virginia and Washington, DC, metro area



5 ACUTE CARE
HOSPITALS



5,000+ Nurses
4,600+ Affiliated Physicians
15,000+ Employees



2,000,000+
PATIENTS
SERVED ANNUALLY

INOVA FAIRFAX MEDICAL CAMPUS

876 licensed-bed Regional Medical Center with
Level 1 Trauma Services

Large teaching hospital with affiliated medical,
pharmacy, and nursing schools

Campus includes Med-Surg Towers, Inova Heart
and Vascular Institute, Inova Women's Hospital,
and Inova Children's Hospital

 INOVA
Inova Fairfax Medical Campus

← Hospital
Patient Drop-Off
↑ Exit

AN IMPETUS TO CHANGE THE ED CULTURE

Patient presented to IFMC's ED with fever, altered mental status, and sepsis. Patient not at baseline neurologically and was agitated and irritable. Multiple attempts were made by RN to stress how sick this patient was (beginning with an elevated initial lactic acid level) but MD did not respond, thus delaying treatment.



ED LEADER ROAD TRIP



AIM: Division of Emergency Services to complete TeamSTEPPS training during Q3 2016

- Mandatory training for every Physician and Staff Member assigned to ED
- Focused operational plan for management of Sepsis patients

OPERATIONALIZING TEAMSTEPPS INTO DAILY PRACTICE

- A way to standardize our treatment to sepsis using evidence based medicine
- Develop mutual support and re-establish situational awareness around this group of patients
- Platform to allow members of the team to speak up and feel empowered

| INOVA FAIRFAX ED SEPSIS HUDDLE CHECKLIST | |
|---|--|
| <p>Suspected infection +Evidence of End Organ Damage <small>(SBP <90, lactate >2, Creat>2, Bili >2, Plat <100K, INR >1.5)</small> Time of first evidence of end organ damage: _____ 3 hr End Time: _____ PROVIDER - NURSE HUDDLE REQUIRED</p> | Patient Sticker <div style="border: 1px solid black; height: 80px; width: 100%;"></div> |
| <input type="checkbox"/> Check here if end organ damage not thought due to infection | |
| SEVERE SEPSIS or SEPTIC SHOCK | |
| Suspected infection +Evidence of End Organ Damage do the following | Done |
| 1. Repeat Lactate ~ 1 hr after beginning fluids | |
| 2. Draw 2 set of blood cultures <i>before starting antibiotics</i> | |
| 3. Start appropriate antibiotics - hang vanco last <small>*initial antibiotics must be started within 3 hr time window *</small> | |
| 4. IVF - Bolus 30ml/kg and complete within 3 hrs. <small>*Ensure weight recorded in EPIC. *Alert MD when fluids complete *Document at least 2 BP's within an hour of bolus completion.</small> | |
| <small>*If patient becomes fluid overloaded, stop IVF, alert MD and document in chart.</small> | |
| If initial lactate >4 or patient remains with BP <90 after IVF patient is now in SEPTIC SHOCK | |
| <small>in addition to above you must now:</small> 1. Initiate pressors for SBP <90 or Map <65 on 2 successive readings <small>*use norepinephrine 2-20/mcg/min IV and titrate Map >65. *provider must document volume status</small> | |
| 2. Provider must document volume status and tissue perfusion exam. <small>*This must be timed with 60min after the documented fluid completion time.</small> | |

Sepsis Team Names:

Provider: _____ EMT: _____
 ED RN: _____ Receiving RN: _____

Huddle and form mandatory for all cases of severe sepsis or shock. Place completed forms at pharmacy desk on South and NTL desk on North. Thank you for your help. Your patients appreciate it!

TEAMWORK



- This is an example of our pediatric ED huddle
- Engagement scores in our ED have doubled
- Staff more active in finding solutions to problems

KEEPING THE MOMENTUM GOING WITH DEBRIEFS

IFH Adult Emergency Department Debrief Summary

Date: 12.17.2017

Time: 2030

MRN:

Members Present: All below were present

| | | |
|--------------------|--------------------|--|
| Charge Nurse: | Resident: | |
| Primary Nurse: | Other Physician: | |
| Bedside Nurse: | Consult Physician: | |
| Additional Nurse: | Social Work: | |
| ED tech: | EMS: | |
| ED tech: | | |
| Respiratory: Brian | | |
| Lead Physician: | | |

Diagnosis: Headbleed

Intubated: YES NO

CPR: YES NO

Have team leader briefly review the case.

What went well during our care for the patient?

-

What could have gone better and what would we need to do better?

Items for follow up by leadership team:

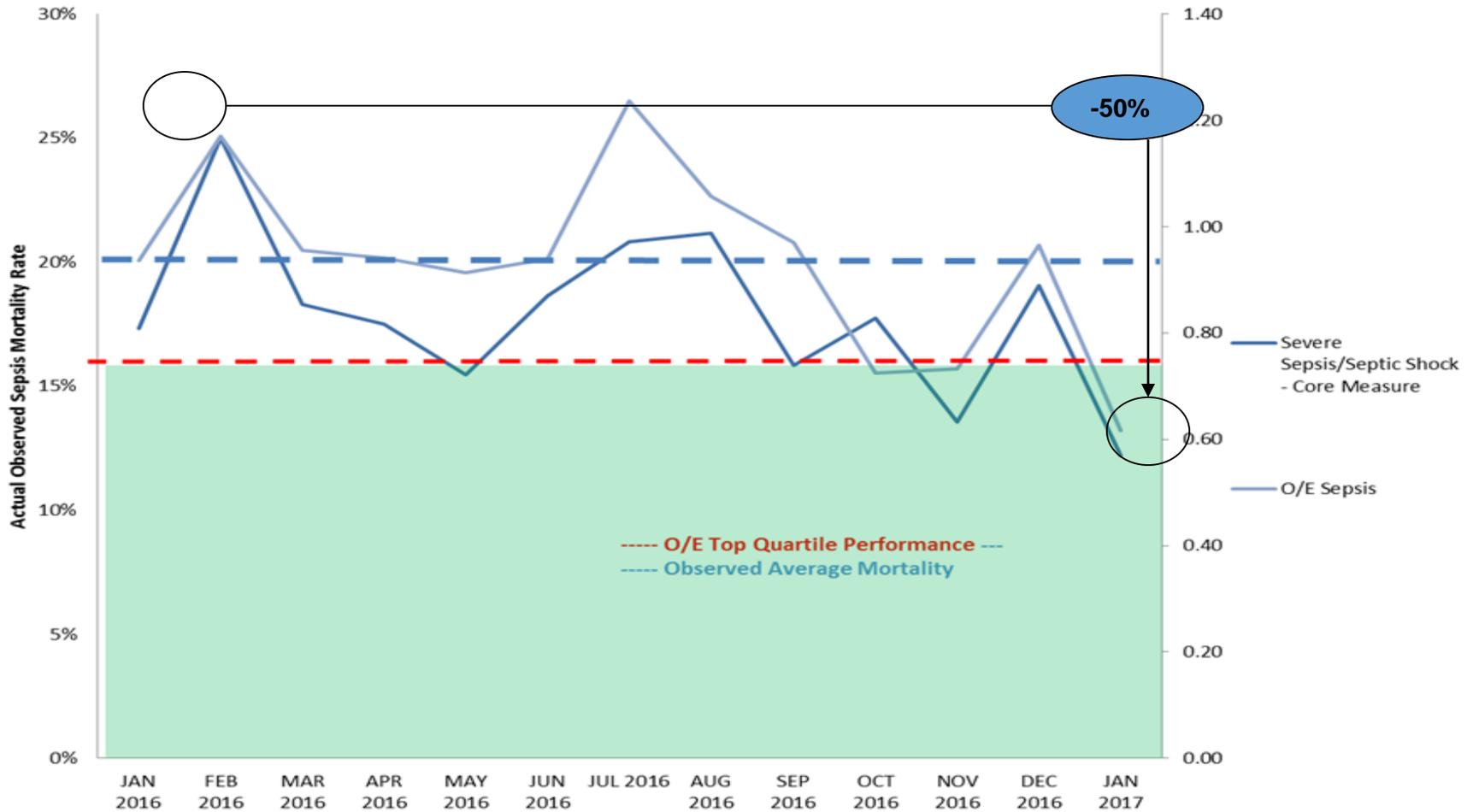
- STEMI Nurse debriefed with us to create a **Shared Mental Model** for cardiac cath patients
- Debriefing after ICU case led to Intensivist **Huddles** with us when they come down to re-establish **Situational Awareness**
- Debrief after code led us to huddle before cardiac arrest to know who is responsible for what task

All emails involving staff interactions begin with what TeamSTEPPS tools were utilized.

IMPROVING PATIENT OUTCOMES

SEPSIS MORTALITY

Sepsis Mortality Rate Actual and O/E IFMC 2016-2017

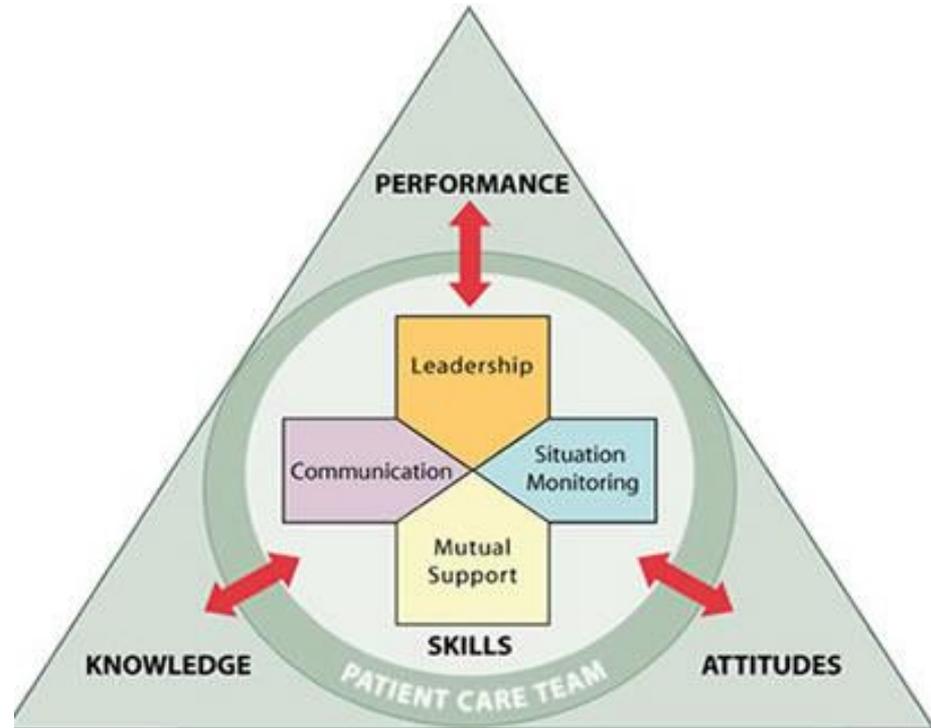


SECRETS TO OUR SUCCESS

Teamwork

Coaching

Accountability



ED-HOSPITALIST COMMUNICATIONS

IS THERE A PROBLEM?

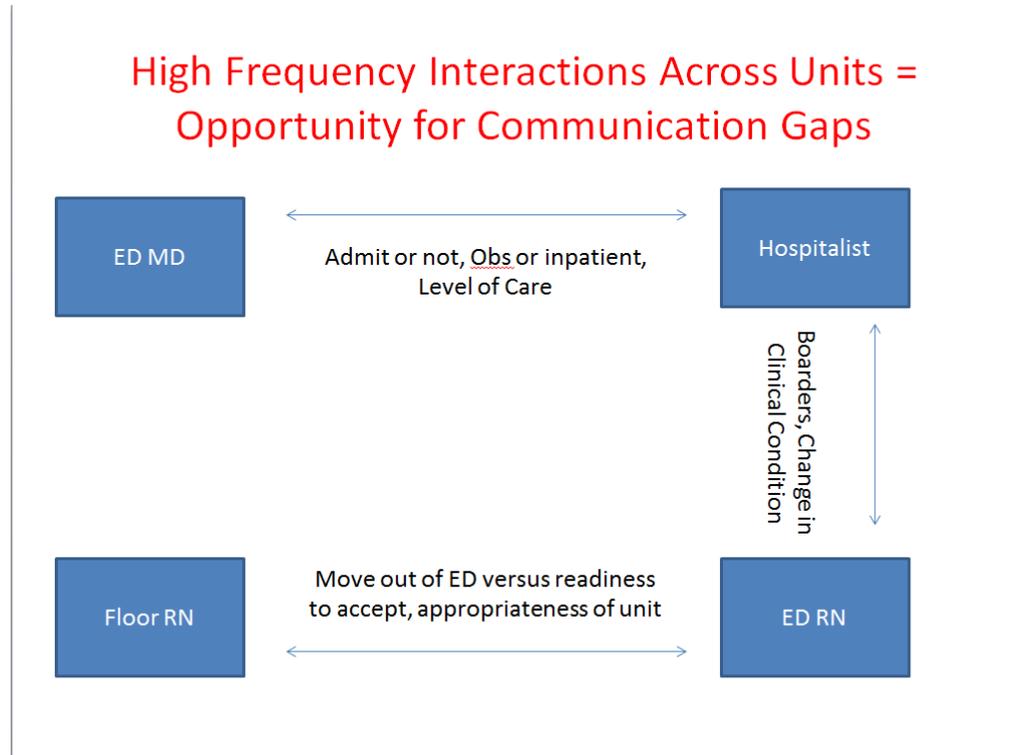
Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

*The majority of events have multiple root causes
(Please refer to subcategories listed on slides 5-7)*

| 2013 (N=887) | | 2014 (N=764) | | 2015 (N=936) | |
|------------------------|-----|---------------------------------------|-----|---------------------------------------|-----|
| Human Factors | 635 | Human Factors | 547 | Human Factors | 999 |
| Communication | 563 | Leadership | 517 | Leadership | 849 |
| Leadership | 547 | Communication | 489 | Communication | 744 |
| Assessment | 505 | Assessment | 392 | Assessment | 545 |
| Information Management | 155 | Physical Environment | 115 | Physical Environment | 202 |
| Physical Environment | 138 | Information Management | 72 | Health information technology-related | 125 |
| Care Planning | 103 | Care Planning | 72 | Care Planning | 75 |
| Continuum of Care | 97 | Health Information Technology-related | 59 | Operative Care | 62 |
| Medication Use | 77 | Operative Care | 58 | Medication Use | 60 |
| Operative Care | 76 | Continuum of Care | 57 | Information Management | 52 |

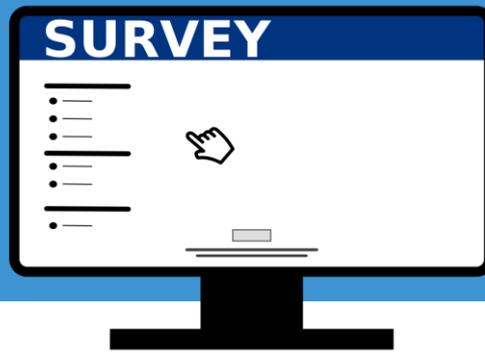
The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

COMMUNICATION GAPS



2x's greater likelihood that cross-disciplinary exchanges will result in a communication failure vs intra-disciplinary communication





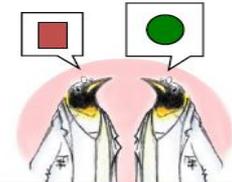
1. Have you received training on TeamSTEPPS at IFMC?
2. How frequently do you work with the emergency department team (or hospitalist team (physicians and/or nurses))?
3. ED and Hospitalist physicians work well together to provide the best care for patients.
4. It is often unpleasant to work with ED/Hospitalist physicians.

CUSTOMIZED COURSE

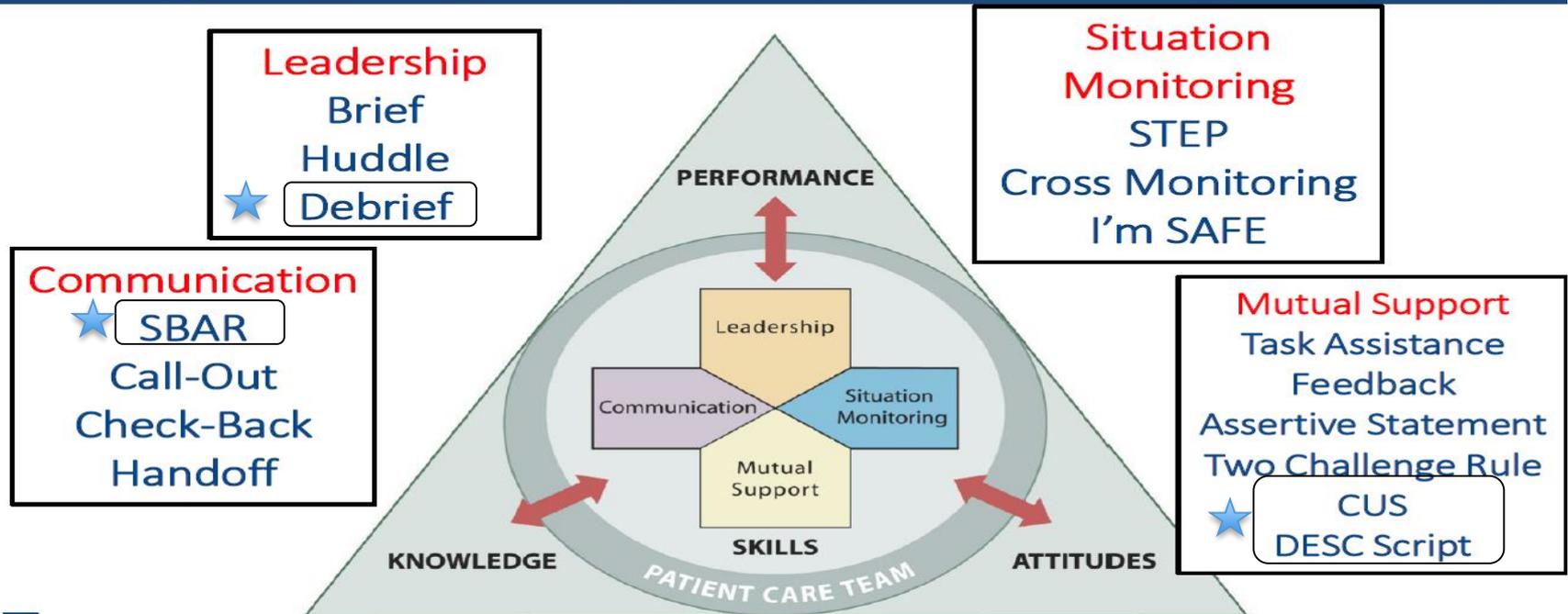


TeamSTEPPS®

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



Team Strategies & Tools to Enhance Performance and Patient Safety



USING SIMULATION IS HIGHLY EFFECTIVE

Inova Center for Advanced Simulation:

- Team roles included bedside RN, ED physician, Hospitalist, Floor RN
- Simulated patient, with changing vital signs and condition
- Scenario involved a septic patient, with disagreement in initial triage between physicians, then further disagreement between nursing as the patient's condition worsened
- Individual participants played opposite roles than their actual role, i.e., ED physician functioned as hospitalist, ED RN functioned as floor RN, providing perspective of their counterparts
- Conspirators used to challenge the group



TEAM DEBRIEF

| TOPIC | |
|---|-------------------------------------|
| Communication clear? | <input checked="" type="checkbox"/> |
| Roles and responsibilities understood? | <input checked="" type="checkbox"/> |
| Situation awareness maintained? | <input checked="" type="checkbox"/> |
| Workload distribution? | <input checked="" type="checkbox"/> |
| Did we ask for or offer assistance? | <input checked="" type="checkbox"/> |
| Were errors made or avoided? | <input checked="" type="checkbox"/> |
| What went well, what should change, what can improve? | <input checked="" type="checkbox"/> |



RESULTS

1. ED/hospitalists reporting improved communications
2. DESC tool and debrief utilized in negative interactions
3. Improved levels of stress and cooperation since the course



IFMC Next Steps:

- More cross-discipline TeamSTEPPS training for high-stress interactions (i.e., ED-ICU, OR-PACU, etc.)
- Further use of Simulation lab and activities to conduct future trainings

LESSONS LEARNED- LEADERSHIP ESSENTIALS

Executive:

- Expectations/strategic goal
- Budget
- Presence and role modeling the way
- Master trainers programs

Mid Year Update: 7-4-2017: HMO/TeamSTEPS

| | |
|---|--|
| <p>Goal: 2017 Harm Reduction will be accomplished through IMC's commitment and continual integration of HMO strategies and Team STEPPS to create performance accountability and a shared mental framework for IMC's care delivery model. All departments will complete TeamSTEPS training and implementation of at least 2 tactics to improve communication, collaboration, and patient safety by end of 2017 AND hardware every standard every day for every patient.</p> | |
| <p>Executive Owner: CMO Date Assigned: 1-2-2017</p> | <p>Problem-Solving Team: AC and Management Team Quality Dept.</p> |



| Unit/Department | Unit/Department |
|--|---------------------------------|
| Children's Hospital (Peds Home Care, Peds M/G, PICU, IMC, NICU) | Radiation Oncology |
| Tower Units: Medicine C, Oncology, SSU, Ortho/Spine, SPT 11, Adult Observation, Neuroscience, Stroke | Psych/CATS Women's Hospital |
| Critical Care: MSICU/RT, TICU/RT, NSICU, TACS, IMC | Food and Nutrition |
| IMV: Cardiac Div, OIG, STUG, CIVICU, PICU, APU, CCU | Centralized Monitoring |
| Radiology/Ultrasound | EVS |
| Nursing Operations/Administrative Directors | Engineering, Safety/Security |
| Floor Pool/Stores | Capacity Management |
| Case Management | Finance |

| What | Who | When | Status |
|--|-------------------------------------|----------|--------|
| TeamSTEPS ongoing activities and grid to monitor progress and feedback | Health | 01 | Green |
| HMO progress report and evaluation of Dept. success on a regular basis to HMO/TeamSTEPS Committee and HMO | Health Dept. Leader | 01-1 | Yellow |
| Operational evaluation of TeamSTEPS impact through hand hygiene, HSA, SS works | Education Health | 01 01 | Green |
| Medical team roles and responsibilities for Health Master Trainer for 2017 | Health Nursing | 01 | Red |
| Completion of Just Culture Training and implementation: 1. Tactile plan CTR 1 2. Deployment plan for cultural shift CTR 2 3. Evaluation CTR 3 | Education Verification Health | 0 2-1 | Yellow |
| TeamSTEPS general onboarding program for new employees and Dept. specific onboarding plan | Health Zink | 01 | Yellow |
| Just Description integration of TeamSTEPS, HMO, Just Culture principles | Health | 01 | White |
| HMO Quality & Safety orientation program for all new employees and affiliates | Health | 01 | Yellow |
| Integration of TeamSTEPS tools and HMO principles into monthly TSB safety message | Health | 0 1-1 | Green |
| Medicine Care Delivery Model Tactics (The rounds, Intentional Hourly Rounding (IHR)) and performance outcomes to ensure HMO implementation of "every standard every day for every patient" | HR Education | 0 1-1 | Green |
| Medical and nursing an effective tactical plan to improve Cultural Safety based on the 2016 HMO survey results | Education Health IC | 01-1 | White |
| Master Trainer Course - Mar 11-12 - Aug 7-8 | Health Zink | 01-1 | Green |

LESSONS LEARNED- LEADERSHIP ESSENTIALS

Dept. Managers:

- Readiness
- Preparing team for the journey
- Creating excitement and energy
- Thinking through operational plan post training/workflow opportunities
 - daily huddles
 - onboarding new staff

TeamSTEPPS Leader Worksheet

- Goals for Team
- Messaging and engagement of all members of the team (staff, providers)
- Selected tools for Team to learn
- Meeting the Team's needs with class logistics (# of staff, # of classes, schedule, location, food, etc.)
- Operational plan-what happens next?
- Orientation/onboarding new staff to your TeamSTEPPS culture
- Measuring success with training-how will you know TeamSTEPPS is making a difference for your team?
- Report back in 60 days



LESSONS LEARNED

- Medical Staff Champions
 - Master Trainers
 - Role Modeling/ “Walking the Talk”
- Frequent and integrated communications – Monthly Safety Messages



TRUE NORTH BOARD
Safety Huddle Message
May 17, 2017

What is TeamSTEPS?

TeamSTEPS is an evidence-based teamwork system aimed at improving patient safety through communication and other teamwork skills.



Team Strategies & Tools to Enhance Performance and Patient Safety

TeamSTEPS focuses on 4 teachable-learnable skills for teams:

Communication
Structured process by which information is clearly and accurately exchanged among team members

Leadership
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.

Situation Monitoring
Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning

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

Why the TeamSTEPS Penguins?
* They don't like to change!

To improve patient safety and teamwork, we must personally and collectively OWN/GE how we COMMUNICATE and WORK as a team!

| TeamSTEPS Toolbox | |
|-------------------|--|
| Concept | Definition |
| SBAR | S ituation, B ackground, A ssessment, R ecommendation-communicating with physicians/leaders to provide accurate, timely, specific information |
| Call-Out | Communicate critical information- U rgent, V ital S igns, high risk observations shared in loud voice to get people's attention |
| Check-Back | Closed loop communication between sender and receiver has been heard and validated-critical Test Results, verbal/telephone orders, directions and assignments |
| ISHAPED | I ntroduction, S tory, H istory, A ssessment, P lan, E rror Prevention, D ialogue- W orking handoff between caregivers should provide thorough accurate info to sustain best care to patient |
| CUS | I'm C oncerned, I'm U ncomfortable, This is a S afety Issue!-speaking up to advocate for patient to prevent/reduce harm that'll an aware of |
| Brief | Let's plan our workflow or shift, procedure to assure shared mental model for success for patient |
| Huddle | We need to regroup/reapportion a shared plan when course correction needed at staffing change, downtime, complex patient, etc. |
| Debrief | How can we improve our team? Discuss what went well, what can be improved, if any/when/where. |

Developed by IRMC Quality Improvement and Outcomes Department | 5-17-2017



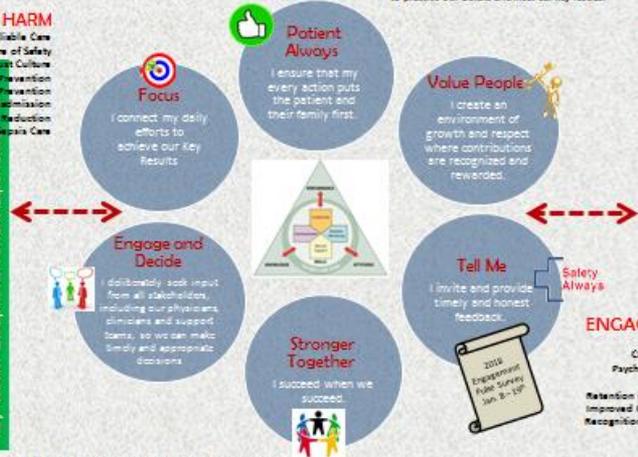
TRUE NORTH BOARD
Safety Huddle Message
Dec. 18, 2017

Linking our Cultural Beliefs to Patient Safety!

Our Cultural Beliefs provide a Shared Mental Model as a goal, able to work to provide an exceptional patient experience. Our No Harm Toolkits and Engagement Priorities provide the roadmap for success. Our TeamSTEPS Toolbox helps us in our daily work to practice our beliefs and meet our key results!

NO HARM
Reliable Care
Culture of Safety
Just Culture
Infection Prevention
Medication Reconciliation
Reduction
Patient Care

Key Result: Exceptional Patient Experience



Focus
I connect my daily efforts to achieve our Key Results

Patient Always
I ensure that my every action puts the patient and their family first.

Value People
I create an environment of growth and respect where contributions are recognized and rewarded.

Engage and Decide
I deliberately seek input from all stakeholders, including our physicians, clinicians and support teams, so we can make timely and appropriate decisions

Stronger Together
I succeed when we succeed

Tell Me
I invite and provide timely and honest feedback.

Key Result: Great Place to Work

ENGAGEMENT
Teamwork
Covers for Safety
Psychological Safety
Innovative Work
Retention of Great Talent
Improved Compensation
Recognition and Rewards

Developed by IRMC Quality Improvement and Outcomes Department | 12/18/2017

LESSONS LEARNED

- Forums for sharing and learning
 - Daily huddles: *Did anyone have to CUS today?*
 - Patient Safety Meetings/RCA Events: *What tool(s) could have helped to prevent this?*
 - Monthly TeamSTEPPS Steering Committee, Quality Meetings: *How is TeamSTEPPS working for your department? What outcomes are improving as a result of TeamSTEPPS?*



Opportunities for Improving Team Work and Reliability



| Concept | Definition |
|---------------|--|
| SBAR | Situation, Background, Assessment, Recommendation |
| Call-Out | Communicate critical information |
| Check-Back | Closed loop communication between sender and receiver has been heard |
| SHAPED | Introduction, Story, History, Assessment, Plan, Error Prevention, Dialogue |
| S | I'm Concerned, I'm Uncomfortable; This is a Safety Issue! |
| S | Short planning session prior to start |
| Huddle | Team regroup to establish awareness and plan |
| Debrief | Informal meeting to review team performance |
| Two-Challenge | Assertively voicing a concern at least 2 times to ensure it has been heard |



TeamSTEPPS Tools for Improvement:

- Call-Out / Check-back
- SBAR

HRO Principles for Improvement:

- Defiance to Expertise
- Sensitivity to Operations

LESSONS LEARNED

- Simulation activities are very effective for teaching teams to be high performing in high risk/emergency situations
- Engaging staff in development of team's operational plan and recognition is key

OB Hemorrhage Outcomes

EBL:

- 2016: **2373 mL**
- 2017 Q1 & Q2: **1742 mL**

Admissions to ICU:

- 2016: 25 out of 78 (**32%**)
- 2017 Q1 & Q2: 6 out of 29 (**21%**)

Units of RBCs transfused:

- 2016: **3.1 units**
- 2017 Q1 & Q2: **2.6 units**



IN SUMMARY....

- Commit and invest in TeamSTEPPS as a strategic priority for patient safety and team engagement to create an exceptional patient experience and a great place to work
- Integrate tools into real work of the team with standard procedures (SBARs, Handoffs)
- Make it real through simulation activities for ideal learning and discussions
- Engage physicians and leaders as trainers and champions-they are a key part of every team!
- Incorporate into forums for reporting, communications, celebrations (Quality and Safety meetings, RCA events, PI initiatives).

It's all about Leadership

QUESTIONS?

- Stay in touch! Email teamtraining@aha.org or visit www.aha.org/teamtraining



AHA TEAM TRAINING
TeamSTEPPS® available
from AHA Team Training

LEARN MORE

