



EXPANDING THE TEAM: PRACTICAL USES OF TEAMSTEPPS FOR NON-CLINICAL TEAM MEMBERS

AHA Team Training Monthly Webinar
February 13, 2019

RULES OF ENGAGEMENT

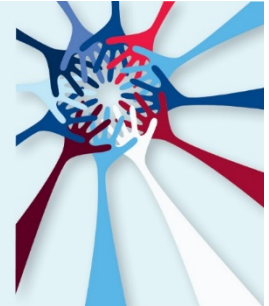
- Audio for the webinar can be accessed in two ways:
 - Through the phone (*Please mute your computer speakers)
 - Through your computer
- A Q&A session will be held at the end of the presentation
- Written questions are encouraged throughout the presentation and will be answered during the Q&A session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

UPCOMING TEAM TRAINING EVENTS



2019 AHA Team Training National Conference

June 12-14 🇺🇸 San Antonio aha.org/teamtraining



- [Early bird registration](#) is now open!
- Pre-conference workshops:
 - Master Training Course June 11-12
 - 4-hour sessions on June 12
 - Driving Change - The Power of Activating and Engaging the Frontline Voice
 - Fostering Resilience to Cultivate Change
 - Lights - Cameras - Activities: TeamSTEPPS via Active and Immersive Learning

UPCOMING TEAM TRAINING EVENTS

Courses

Registration for 2019 TeamSTEPPS Master Training Courses are now open. View our [course schedule](#) to learn more and register. ***Spring courses filling up!***

Monthly Webinars

- March 13: Regular or Extra Crispy – Lessons from the Field in Addressing Burnout
- [Register](#) for our free webinar

CONTACT INFORMATION

Web: www.aha.org/teamtraining

Email: TeamTraining@aha.org

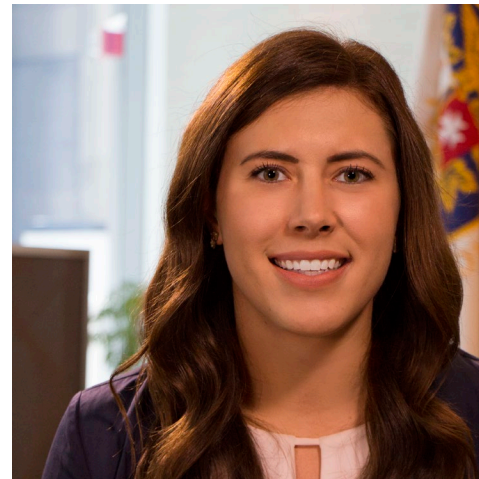
Phone: 312-422-2609

TODAY'S PRESENTERS

Chris Hund, MFA, Director
AHA Center for Health Innovation



Jen Braun, MPH, Senior Program
Manager
AHA Center for Health Innovation



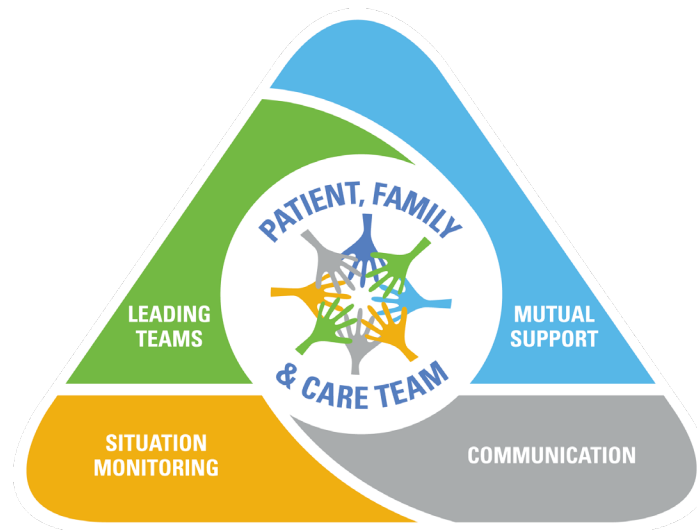
LEARNING OBJECTIVES

1. Describe the need to teach all staff, clinical and non-clinical alike, TeamSTEPPS tools from the non-clinical perspective
2. Discuss how implementing TeamSTEPPS into non-clinical situations and processes can improve staff satisfaction, communication, and teamwork
3. Identify ways to teach and modify the TeamSTEPPS tools non-clinically



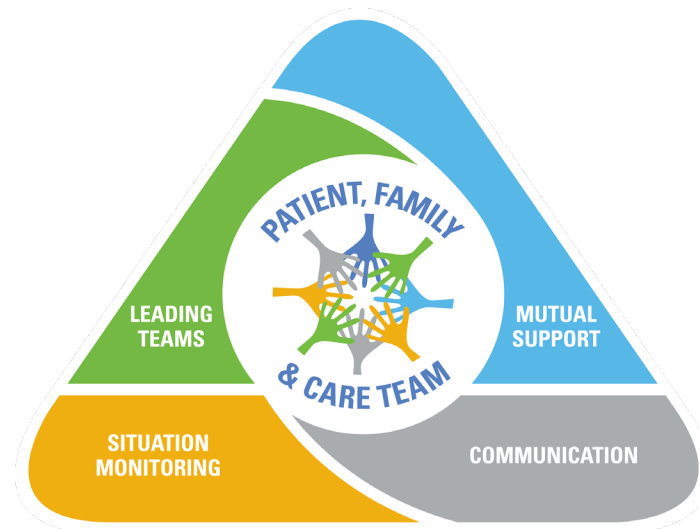
WHAT IS TEAMSTEPPS?

- **T**eam **S**trategies and **T**ools to **E**nhance **P**erformance and **P**atient **S**afety
- An evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals



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PATIENT, FAMILY AND CARE TEAM



BUT HOW IS THIS USEFUL TO ME THE...

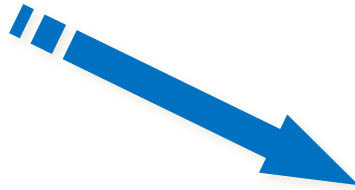
- Administrator: *“I rarely interact with patients.”*
- Environmental Services: *“I don’t have any clinical education.”*
- IT: *“I’ve never even worked in health care before.”*
- Patient: *“I’m not part of the health care team.”*
- Billing and Coding: *“I sit in my office all day and don’t ever see the inside of the clinic.”*

TEAMSTEPPS IS FOR EVERYONE

1. Meetings can become more meaningful and efficient
2. Mutual support can be fostered to achieve common goals
3. New and informal leaders emerge
4. Team members are more comfortable bringing up concerns



Team of Experts



Expert Team



OUR APPROACH TO TRAINING

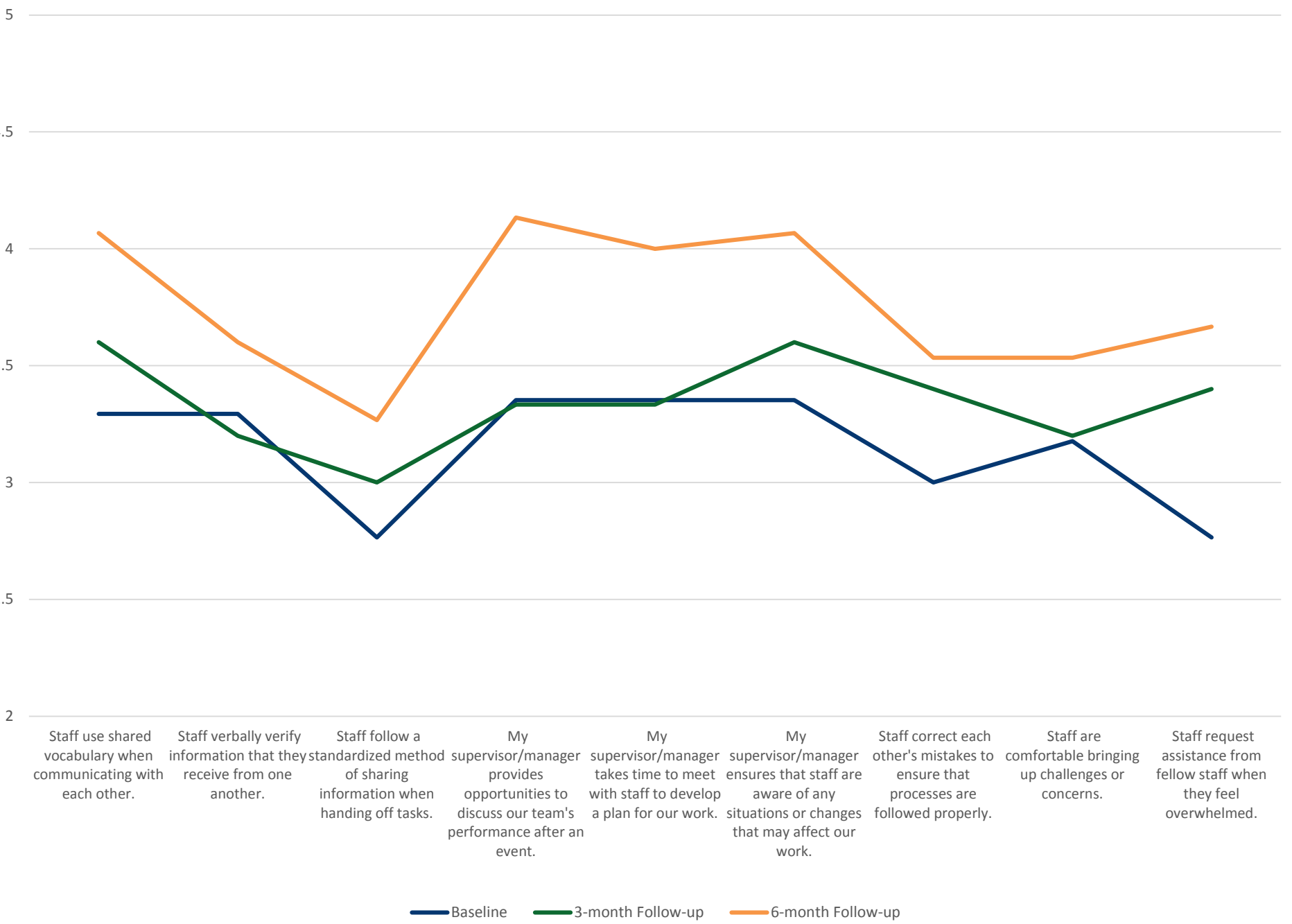
- Interprofessional audience
- Teach the clinical and non-clinical use for each tool
 - Helps non-clinical staff connect to the greater work that they're contributing to
 - Helps clinical staff reinforce tools
- Facilitate simulations and games using non-clinical scenarios
- Incorporate YouTube videos (rather than only medical videos)
- Use the [TeamSTEPPS Teamwork Perceptions Questionnaire](#)



T-TPQ

AHRQ T-TPQ	AHA T-TPQ
My supervisor/manager takes time to meet with staff to develop a plan for patient care.	My supervisor/manager takes time to meet with staff to develop a plan for our work .
Staff caution each other about potentially dangerous situations.	Staff caution each other about potentially unsuccessful outcomes .
My unit has clearly articulated goals.	My team has clearly articulated goals.

T-TPQ Results from Non-Clinical AHA Work Unit



TEAMSTEPPS TOOLS

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 and Project Success!**



FOR EACH TOOL...

1. Quick review
2. How we (and others) have implemented non-clinically and sustained it
3. Facilitation strategies

SBAR

- A framework for team members to effectively communicate information to one another
- Communicate the following information:
 - **S**ituation—What is going on currently?
 - **B**ackground—What is the background or context?
 - **A**ssessment—What do I think the problem is?
 - **R**ecommendation/Request—What would I recommend or request

HOW TO USE SBAR NON-CLINICALLY

- 1:1 verbal communication
- Report outs in meetings and presentations
- Proposals to leadership
- Emails and handoff on tasks

SBAR EMAIL EXAMPLE

Reply Reply All Forward

Thu 1/31/2019 11:26 AM

RE: TeamSTEPPS Follow-Up Survey

To

Hi Melissa,

Situation: I'm passing along the 3-month follow-up results to your survey.

Background: Your team filled this out at baseline before the course with 50 respondents and 3 months after the course with 46 respondents.

Assessment: Your scores were already extremely high at baseline but you improved in nearly every category! See the attached spreadsheet and check out the "Comparison" sheet. Your average at baseline was 4.35 and now it's at 4.47. Great job! Sometimes we see the scores dip down – simply because team members are more aware of these behaviors and tend to perceive them a little more critically.

Request: Keep up the great work and please to distribute to the team!

Thanks,

Jen



Hot tip!

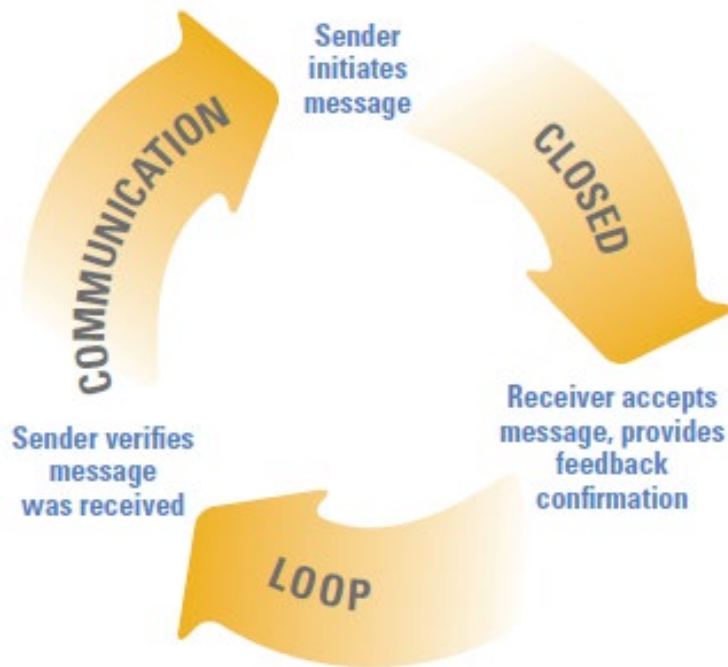
SBAR FOR PATIENTS AND FAMILIES

- Situation/Symptoms: Describe what you believe is going on.
- Background: Write down 1-3 sentences describing your medical history.
- Assessment: Have you ever had these issues/symptoms before? If so, what happened? If not, what do you think might be going on?
- Request: What do you need? Include immediate needs and needs for home or discharge, like a prescription refill.

SBAR FACILITATION STRATEGIES

- Use non-clinical scenarios to have participants practice an SBAR (e.g., use an email)
- Take a photo from pop culture or a movie and have participants create an SBAR

CLOSED LOOP COMMUNICATION: CALL OUTS AND CHECK-BACKS



Example

SAM:
“Ellen, please email Betty and see if Conference Room A is available Jan. 5.”

ELLEN:
“Sure thing. I’ll email Betty to see if A is available on Jan. 5.”

SAM:
“That’s correct. Thank you!”

HOW TO USE CLOSED LOOP COMMUNICATION NON-CLINICALLY

- Emails
- Verbally in-the-moment
- At the end of meetings

Start time All day event

End time

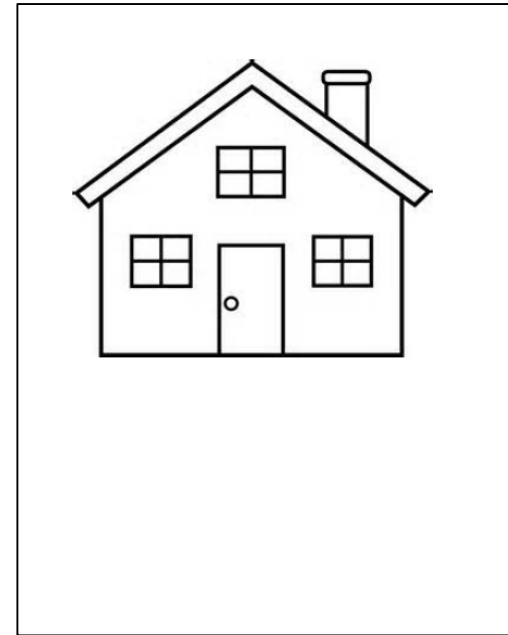
3. Webinars
 - i. [Dashboard](#)
 - ii. Upcoming
 - iii. Communications
4. National Conference
 - i. Communications
5. Collateral
5. Communications
 1. Review/summarize [schedule](#)
 2. Marketing campaigns
 3. Website [Updates](#)
6. Finance |
 1. Pending [invoices](#)
7. Senior Leader Update
8. Check-back on tasks/priorities this week
 1. Jen
 2. Chris
 3. Rachel
 4. Abby

CLOSED LOOP COMMUNICATION FOR PATIENTS AND FAMILIES

- Discharge instructions
- Communicating critical information and instructions

CLOSED LOOP COMMUNICATION FACILITATION STRATEGIES

- Drawing game
 - Partner A and Partner B are back-to-back
 - Partner A has a photo and Partner B has a pen and blank piece of paper
 - Partner A has to describe photo to Partner B to draw
- Telephone
 - Two teams are given a phrase and have to communicate it down the line without being able to check-back
 - The final person at the end of the line has to write the phrase on the white board.
- ***Make sure to debrief***

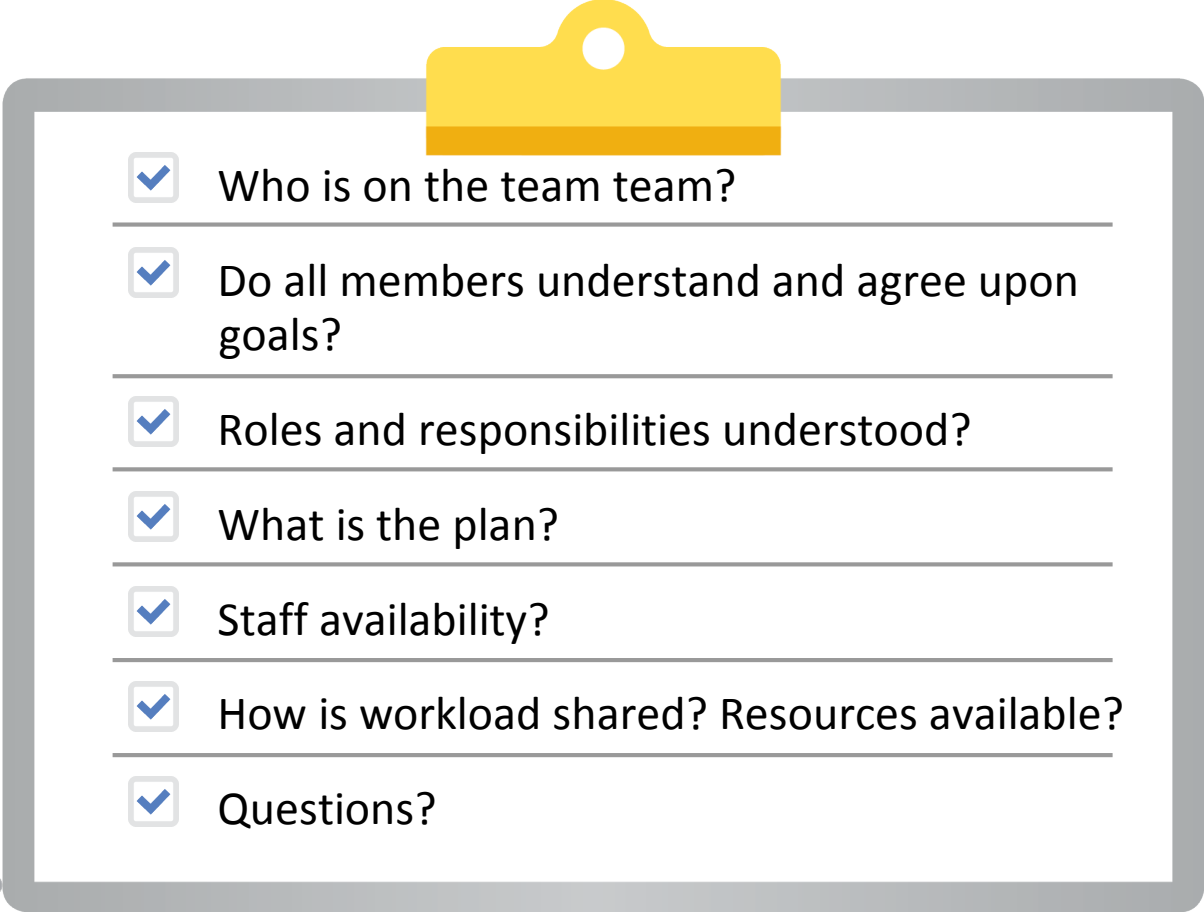


Hot tip!



BRIEF

Short sessions prior to the start of something

- 
- Who is on the team team?
 - Do all members understand and agree upon goals?
 - Roles and responsibilities understood?
 - What is the plan?
 - Staff availability?
 - How is workload shared? Resources available?
 - Questions?

HOW TO USE BRIEFS NON-CLINICALLY

- One-off events
 - Before the morning of Joint Commission visit
- Cyclical
 - Weekly team briefings
- Periods of fast-paced, high stress activity
 - Daily during EMR launch

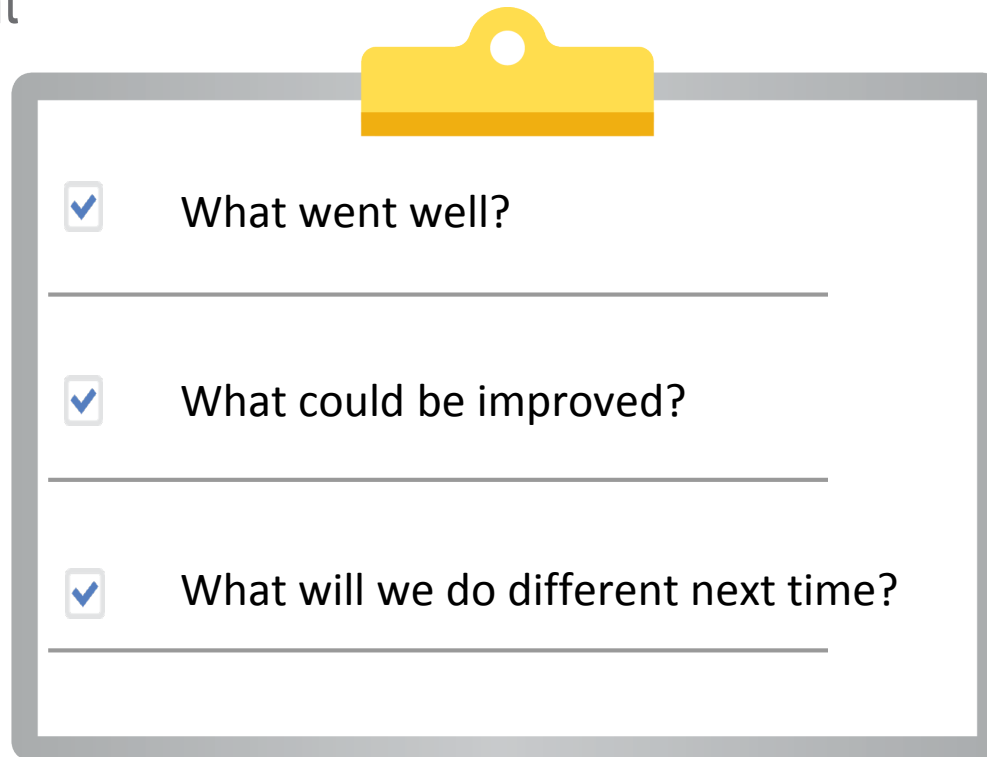
HUDDLE

- Ad hoc meetings to problem solve.
 - “Touch base” meeting to regain situation awareness
 - Discuss critical issues and emerging events
 - Anticipate outcomes and likely contingencies
 - Assign resources
 - Express concerns
- How to use a huddle non-clinically
 - Similar to clinic use
 - Be sure to call a ***huddle***



DEBRIEF

Review the team's performance for the purpose of process improvement



- What went well?

- What could be improved?

- What will we do different next time?

HOW TO USE DEBRIEFS NON-CLINICALLY

- One-off events
 - After the Joint Commission visit
- Cyclical
 - Weekly team debriefings
- Periods of fast-paced, high stress activity
 - Daily debriefings during an EMR launch

HOW TO FACILITATE BRIEFS, HUDDLES, DEBRIEFS

- Briefs
 - Break into small groups and identify one opportunity to incorporate a brief
 - Identify when, why, where, and who
 - Develop a checklist
- Brief, Huddle, Debrief
 - Paper chains
 - Round 1 (done at beginning of course) to build the longest paper chain in 90 seconds
 - Round 2 (done now) to build the longest paper chain with a specific color pattern and will have 15 seconds to brief and 75 seconds to build
 - Could add in a “change of plans” half-way through the round

BRIEF, HUDDLE AND DEBRIEF WITH PATIENTS AND FAMILIES

- Brief
 - Use daily among family and friends after rounds
- Huddle
 - Use among family and friends after the patient has had an unexpected change in medical status, discharge plan, emotional experience requiring support, etc.
- Debrief
 - Use among family and friends if a communication breakdown or misunderstanding occurs that results in the patient or family not getting needed support

CUS

CUS Clinical

I am **C**ONCERNED!

I am **U**NCOMFORTABLE!

This is a **S**AFETY ISSUE!

CUS Non-Clinical

I am **C**ONCERNED!

I am **U**NCOMFORTABLE!

This is a **S**UCCESS
ISSUE!



USING CUS WITH PATIENTS AND FAMILIES

I am **C**ONCERNED

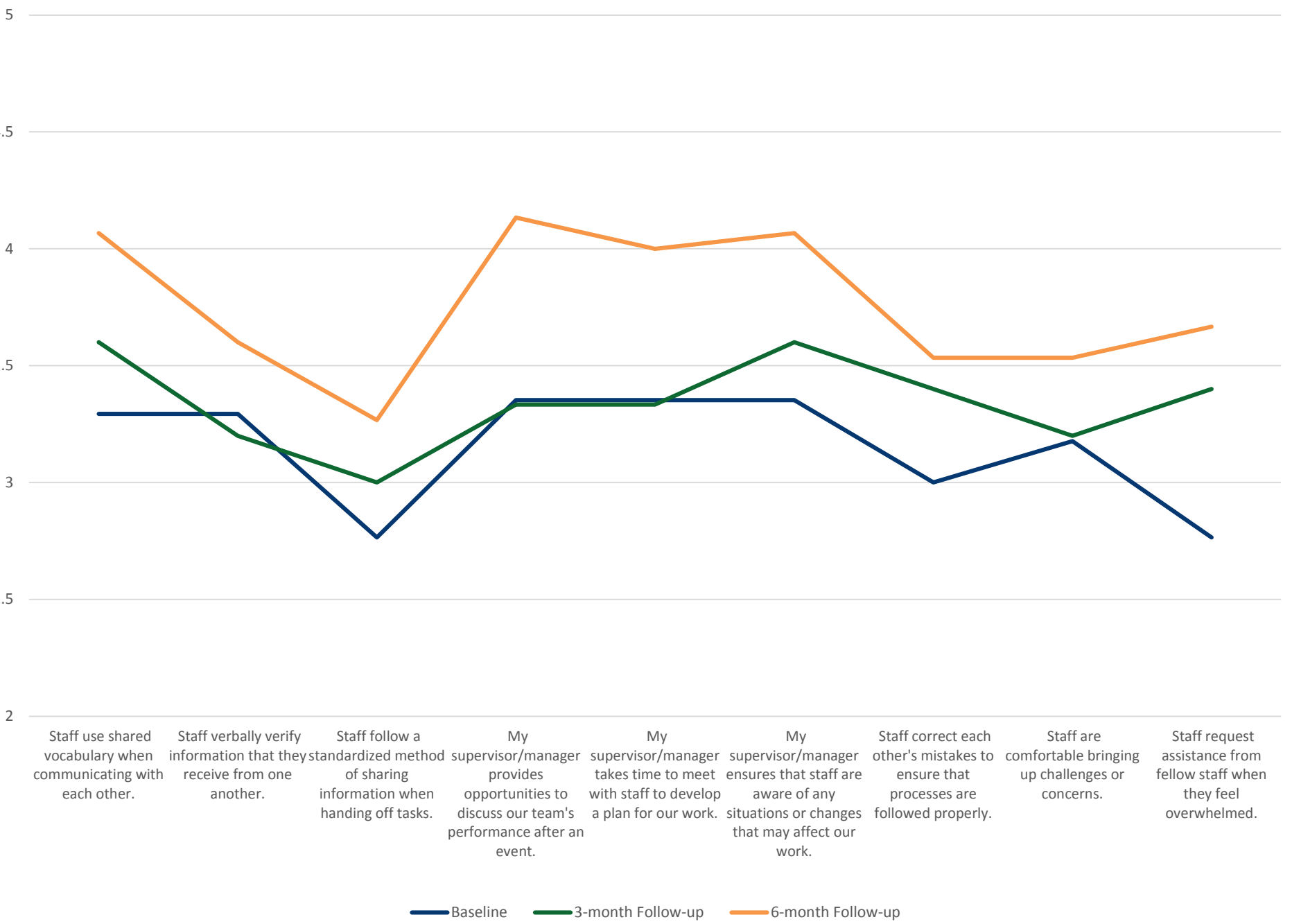
I am **U**NCOMFORTABLE

I am **S**CARED

LESSONS LEARNED

- Everyone in your health care system should be trained
- Courses should comprise of clinical and non-clinical staff
- Clinical staff should also be taught non-clinical uses
- Customization is important

T-TPQ Results from Non-Clinical AHA Work Unit



OUR ASK OF YOU...

- Get in touch with us if you need additional guidance bringing in the non-clinical perspective to your TeamSTEPPS program
- Contribute to the non-clinical body of knowledge
- Stay in touch!

CONTACT INFORMATION

- Email TeamTraining@aha.org or call 312-422-2609
- Visit www.aha.org/teamtraining



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TeamSTEPPS® available from AHA Team Training

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