AHA Team Training

Measuring TeamSTEPPS Culture Using The TeamSTEPPS Teamwork Perceptions Questionnaire

February 19, 2020
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
To receive 1 CE credit hour for this webinar please follow these directions:

1. Make sure that you have created your Duke OneLink Account. Instructions can be found in the files pod. You can also email TeamTraining@aha.org with questions. You must update your mobile number before you can text in the code.

2. Text (919)213-8033 with the SMS code YASNAM within 24 hours of this webinar.

3. You will receive your credit at that time.
Upcoming Team Training Events

Courses
Whether you are new to TeamSTEPPS, looking for implementation assistance or something in between, we offer guidance for every step on your TeamSTEPPS journey. Register now for a Master Training course, Fundamentals course, or Next Steps workshop.

Conference
June 3-5 | New Orleans
Early bird registration is now open! Our national conference is the meeting place where diverse teams of health care professionals come together to share practical tips and new ideas for improving team-based care. Learn more about the premier team training event of the year!

Call For Faculty
We are looking for strong interprofessional faculty teams to help fundamentally change the future of health care! We want to widen our faculty network for customized, onsite presentations and TeamSTEPPS courses. Download our Call for Faculty to learn more about the benefits of partnership and the application process.

Webinar
March 18, 2020 | 2:00 – 3:00 PM EST
Register for the March 2020 webinar: Resilience and TeamSTEPPS: How These Two Processes can Complement One Another and Lead to a Healthier and More Engaged Team
Contact Information

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Today’s Presenter

Phyllis A. Toor RN BSN
TeamSTEPPS Program Manager/Nurse
Consultant, US Army Medical Command
### Objectives

<table>
<thead>
<tr>
<th>Objective #1</th>
<th>Objective #2</th>
<th>Objective #3</th>
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<tbody>
<tr>
<td>Discuss how a large Hospital System operationalized TeamSTEPPS utilizing T-TPQ results.</td>
<td>Discuss how to leverage T-TPQ results to maximize teamwork improvement efforts.</td>
<td>Understand how the T-TPQ measures the tools and strategies of TeamSTEPPS.</td>
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Polling Question

What level of familiarity do you have with the T-TPQ?

1. None at all
2. I have heard of it but never used it
3. I have taken or seen the survey
4. We use it in our organization/clinic
5. I utilize the data to manage our teamwork program
Army TeamSTEPPS Implementation History

- Prior to early 2011, TeamSTEPPS implementation was
  - Primarily by department
  - Usually in response to patient safety issue
  - By invitation

- 2011 US Army Surgeon General required a plan to implement and measure TeamSTEPPS at all hospitals and dental facilities
  - All hospitals and dental facilities would have a Trained TeamSTEPPS Advisory Council and customized implementation plan
  - Baseline teamwork data for these facilities would be collected
How to Measure Enterprise-Wide TeamSTEPPS Implementation?
T-TPQ vs T-TAQ

TeamSTEPPS Teamwork Perceptions Questionnaire:

- Measures whether information learned during training is transferred to the job
- Asks the question “How successful do our teams perceive they are at using the tools?”

TeamSTEPPS Teamwork Attitudes Questionnaire:

- Assess impressions of teamwork
- Measures attitude changes in teamwork related to the training
TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ)

- 35-item self-report tool
- Questions focus on an individual’s perceptions of group-level behaviors
- Respondents rate their agreement with items on a 5-point Likert scale
- Most questions relate directly back to a TeamSTEPPS tool or strategy
- Measures staff perceptions of:
  - Team Structure
  - Leadership
  - Situation Monitoring
  - Mutual Support
  - Communication
### Team Structure

1. The skills of staff overlap sufficiently so that work can be shared when necessary.
2. Staff are held accountable for their actions.
3. Staff within my unit share information that enables timely decision-making by the direct patient care team.
4. My unit makes efficient use of resources (e.g., staff, supplies, equipment, information).
5. Staff understand their roles and responsibilities.
6. My unit has clearly articulated goals.
7. My unit operates at a high level of efficiency.

### Leadership

8. My supervisor/manager considers staff input when making decisions about patient care.
9. My supervisor/manager provides opportunities to discuss the unit’s performance after an event.
10. My supervisor/manager takes time to meet with staff to develop a plan for patient care.
11. My supervisor/manager ensures that adequate resources (e.g., staff, supplies, equipment, information) are available.
12. My supervisor/manager resolves conflicts successfully.
13. My supervisor/manager models appropriate team behavior.
14. My supervisor/manager ensures that staff are aware of any situations or changes that may affect patient care.
Polling Question: Name That Tool!

Q14. My supervisor/manager ensures that staff are aware of any situations or changes that may affect patient care.

1. Briefs
2. Huddles
3. IPASS
4. SBAR
5. Not Sure
# T-TPQ Questionnaire

## Situation Monitoring

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<table>
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<tbody>
<tr>
<td>15</td>
<td>Staff effectively anticipate each other’s needs.</td>
</tr>
<tr>
<td>16</td>
<td>Staff monitor each other’s performance.</td>
</tr>
<tr>
<td>17</td>
<td>Staff exchange relevant information as it becomes available.</td>
</tr>
<tr>
<td>18</td>
<td>Staff continuously scan the environment for important information.</td>
</tr>
<tr>
<td>19</td>
<td>Staff share information regarding potential complications (e.g., patient changes, bed availability).</td>
</tr>
<tr>
<td>20</td>
<td>Staff meets to reevaluate patient care goals when aspects of the situation have changed.</td>
</tr>
<tr>
<td>21</td>
<td>Staff correct each other’s mistakes to ensure that procedures are followed properly.</td>
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## Mutual Support

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<tr>
<td>22</td>
<td>Staff assist fellow staff during high workload.</td>
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<tr>
<td>23</td>
<td>Staff request assistance from fellow staff when they feel overwhelmed.</td>
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<tr>
<td>24</td>
<td>Staff caution each other about potentially dangerous situations.</td>
</tr>
<tr>
<td>25</td>
<td>Feedback between staff is delivered in a way that promotes positive interactions and future change.</td>
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<tr>
<td>26</td>
<td>Staff advocate for patients even when their opinion conflicts with that of a senior member of the unit.</td>
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<tr>
<td>27</td>
<td>When staff have a concern about patient safety, they challenge others until they are sure the concern has been heard.</td>
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<tr>
<td>28</td>
<td>Staff resolve their conflicts, even when the conflicts have become personal.</td>
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## Communication

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<td>29</td>
<td>Information regarding patient care is explained to patients and their families in lay terms.</td>
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<tr>
<td>30</td>
<td>Staff relay relevant information in a timely manner.</td>
</tr>
<tr>
<td>31</td>
<td>When communicating with patients, staff allow enough time for questions.</td>
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<tr>
<td>32</td>
<td>Staff use common terminology when communicating with each other.</td>
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<td>33</td>
<td>Staff verbally verify information that they receive from one another.</td>
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<tr>
<td>34</td>
<td>Staff follow a standardized method of sharing information when handing off patients.</td>
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<tr>
<td>35</td>
<td>Staff seek information from all available sources.</td>
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</table>
Q26. Staff advocate for patients even when their opinion conflicts with that of a senior staff member of the unit.

1. Check-Back
2. SBAR
3. DESC
4. CUS
Army Hospital T-TPQ Administration

- Full enterprise administration over 4 months
- Goal 20% completion rate
- Questionnaire built on SharePoint with link sent out via email
- Provided compliance update Q2 weeks to facilities
- 2011 provided baseline data
Army Hospital T-TPQ History

• Data collected organization wide 2011, 2013, 2015, 2017 and 2019
• 100,000+ surveys submitted
• Utilized for:
  • Enterprise assessment
  • Individual hospital/dental facility assessment
  • Unit/department assessment
• All hospitals and dental facilities are required to incorporate data driven TeamSTEPPS improvement goals into their annual patient safety plans

_bonus: Accepted by TJC to meet the culture survey requirement_
2011 vs 2013 T-TPQ Comparison: By Construct

* Indicates a significant difference at $p < .001$
Putting T-TPQ Data to Work

- Corporate level: Develop system wide teamwork improvement goals
- Hospital level: Individual hospitals utilize their T-TPQ data to develop improvement goals in their annual plans
- Units level: Utilize the data for unit based performance improvement projects/goals
Polling Question

What area do you think a large medical organization might score lowest in?
1. Staff Empowerment
2. Handoff
3. Conflict Resolution
4. Resources (e.g., staff, supplies, equipment)
Putting T-TPQ Data to Work: Corporate Example

Evidenced based goals:
  - Improve the use of DESC across all hospitals and clinics (Q28)
  - Improve the use of check-backs (Q33)
  - Recommended Actions:
    - Build DESC and check-back tracer into TJC readiness tracers
    - TeamSTEPPS Culture Brief for all newcomers
    - Leadership annual evaluation goal to include role modeling this and other TeamSTEPPS tools
Putting TTPQ to Work: Hospital Example

- Implement ‘Daily Leadership Safety Brief’
- Leadership Safety Rounding includes reminder to staff to speak up for patient safety
- Implementation of OR pre-operative and post-operative briefs
- Incorporate the DESC tool into all simulation based training hospital wide
- Designated doctor-nurse instructor pair coaches/role-models in each unit
- All hospital leaders/managers trained as instructors
- Physician Grand Rounds/Case Reviews include review of use of TeamSTEPPS tools
- Leadership recognition of staff for patient advocacy and assertion
Putting T-TPQ Data to Work: Clinic Example

- Team briefs for planning
- Improve the use of CUS and Two Challenge tools for mutual support
- Utilize DESC to help with peer to peer conflict resolution
Polling Questions

- You are a member the TeamSTEPPS Advisory Board for your facility. The advisory board is meeting today to review your facilities TTPQ results, and begin the development of your annual TeamSTEPPS plan. Based on the TTPQ data on each of the following slides, what tools would you recommend focusing on?
Situation Monitoring

Based on the data below, what tool would you prioritize for Situation Monitoring?

1. Briefs
2. DESC
3. Huddles
4. SBAR

*Sample Data Only

**KEY**
- Green: Agree & Strongly Agree
- Blue: Neutral
- Red: Strongly Disagree & Agree
Mutual Support

Based on the data below, what tool would you prioritize for Mutual Support?

1. Briefs
2. DESC
3. Huddles
4. SBAR

Q22: Staff assist fellow staff during high workload
Q23: Staff request assistance from fellow staff when they feel overwhelmed
Q24: Staff caution each other about potentially dangerous situations
Q25: Feedback between staff is delivered in a way that promotes positive interactions and future change
Q26: Staff advocate for patients even when their opinion conflicts with that of a senior member of the unit
Q27: When staff have a concern about patient safety, they challenge others until they are sure the concern has been heard
Q28: Staff resolve their conflicts, even when the conflicts have become personal

KEY
Green: Agree & Strongly Agree
Blue: Neutral
Red: Strongly Disagree & Agree

*Sample Data Only
Leadership

Based on the data below, what tool would you prioritize for Leadership?

1. Debriefs
2. Two-Challenge
3. Huddles
4. SBAR

*Sample Data Only
Based on the data below, what tool would you prioritize for Communication?

1. Check-Back
2. DESC
3. Huddles
4. SBAR

*Sample Data Only

**KEY**
- Green: Agree & Strongly Agree
- Blue: Neutral
- Red: Strongly Disagree & Agree
T-TPQ and Army Healthcare

- Assess teamwork culture
- Focus teamwork improvement goals
- Provides a guide to tools and strategies
- Reassess teamwork
Questions? Stay in Touch!

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