



AHA Team Training

Advancing Just Culture, Psychological Safety, and High Reliability Through Team-Based Practice

June 9, 2026

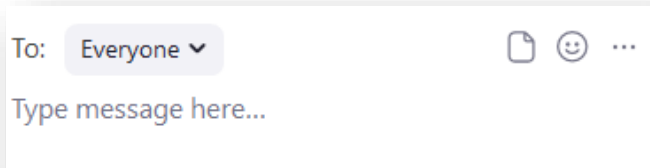


American Hospital
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Advancing Health in America

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 - This session is being recorded, the chat will not be included in the recording
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In support of improving patient care, the Duke University Health System Department of Clinical Education and Professional Development is accredited by the American Nurses Credentialing Center (ANCC), the Accreditation Council for Pharmacy Education (ACPE), and the Accreditation Council for Continuing Medical Education (ACCME), to provide continuing education for the health care team.



****Speakers have no financial disclosures***

Upcoming Team Training Events

○ TeamSTEPPS Master Training

- July 30-31 – UCLA
- September 24-25 – Houston Methodist
- October 5-6 – Northwell
- October 14-15 – AHA/Chicago

○ TeamSTEPPS Sustainment – Virtual

- The People of TeamSTEPPS Implementation – July 8
- Strategies for Long-Term Sustainability – October 20

*For registration information – [check out our website!](#)

Upcoming Team Training Events Cont.

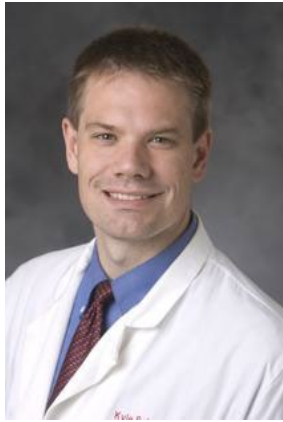
○ Webinars

- August 6, 12 – 1 pm CT, Age-Friendly Health Systems

Interested in speaking at an upcoming webinar? [Complete our speaker interest form!](#)

Contact us at teamtraining@aha.org with questions.

Today's Speakers



Kyle Rehder, MD
*Medical Director for
Professional Development
Duke Center for Healthcare
Safety and Quality*



**Austin Peterson, DBA,
MBA, BSN, RN, CPPS**
*System Director, Patient
Harm Prevention
CommonSpirit Health*



**Elaine Huggins, RN, MSN,
CPHQ, L/SS Master Black
Belt**
*QSI Consultant VI, National
HRO Consultant
Kaiser Permanente*



**Cheri Graham-Clark, MSN,
RN, PHN, CPHQ, CPHRM,
ASQ CSSBB, FNAHQ**
*Quality & Safety Improvement
Consultant VI, Clinical Quality
Consulting
Kaiser Permanente*



- World-class Academic Medical Center
- 2nd largest private employer in the state of NC
- > 5 million patient visits per year
- Top 5 Medical and Nursing schools
- Top 5 in NIH funding among AMCs
- #1 Children's Hospital in Southeast (Tied)



HIGH RELIABILITY ORGANIZATION

Preoccupation
with failure

Deference to
expertise

Commitment
to resilience

Sensitivity to
operations

Reluctance to
simplify

**Briefing
Debriefing**

**Briefing
C.U.S.S.**

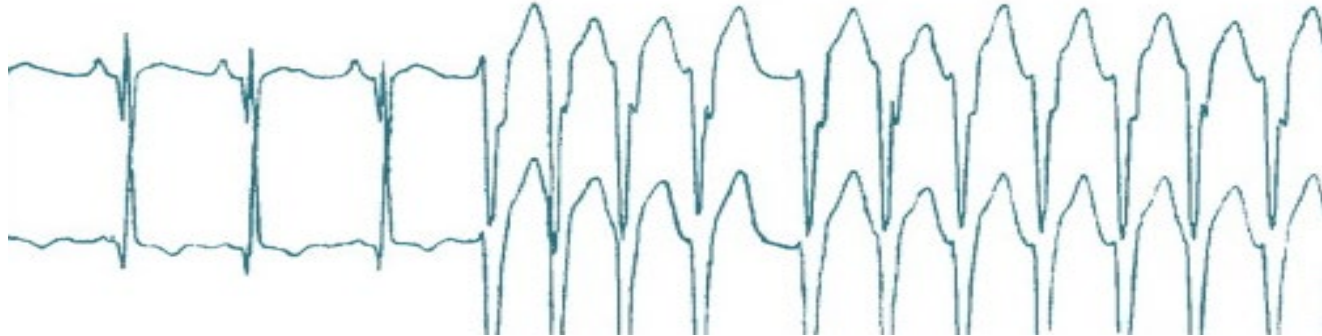
**Cross Monitoring
Debriefing**

Situation Monitoring

**Briefing
Situation Monitoring**

PSYCHOLOGICAL SAFETY, JUST CULTURE, & ORGANIZATIONAL LEARNING





Psychological Safety is....

- being able to show and employ one's self without fear of negative consequences of self-image, status or career
- a condition in which you feel (1) included, (2) safe to learn, (3) safe to contribute, and (4) safe to challenge the status quo- all without fear of being embarrassed, marginalized or punished in some way.

Duke Culture Pulse Data



*Individual questions with the strongest links to outcomes
(turnover rate, satisfaction, and quality metrics):*

#1: I receive regular feedback about my performance

#6: In this work setting, it is easy to discuss errors

#7: The person I report to creates an environment of trust

Lack of Psych Safety Associated with Burnout



Individual questions with the strongest links to burnout:

#1: It is difficult to speak up with concerns in my work area

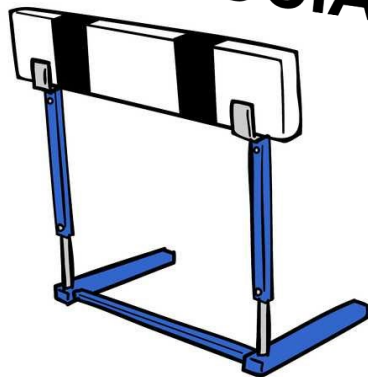
#3: My suggestions are seriously considered by my leader

#5: My leader creates an environment of trust

#6: In this work setting, it is easy to discuss errors

Hurdles to Speaking Up

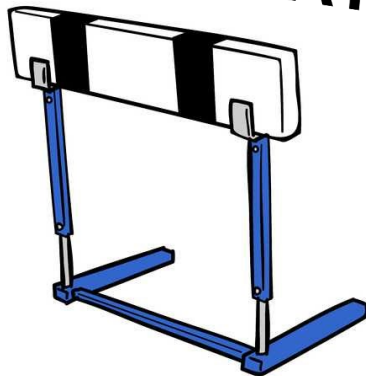
PSYCHOSOCIAL



Relationship with peers

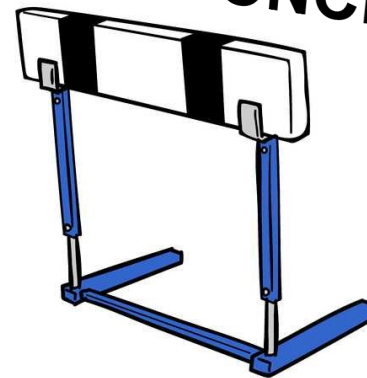
Retaliation

WORK CLIMATE



How do others behave
where I work?

ISSUE OF CONCERN



Is it really a big enough
deal to speak up?

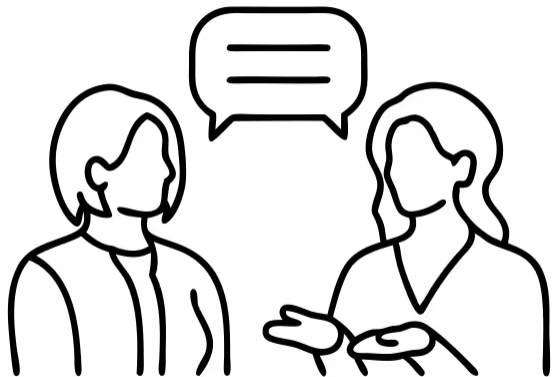
Bridging psychological safety and accountability

Psychological Safety	High	<i>Comfort Zone</i> “It’s all good...” Status quo is accepted	<i>Learning Zone</i> “How can we do better?” Team approach to solving safety issues
	Low	<i>Apathy Zone</i> “It’s not my problem” Safety concerns ignored	<i>Anxiety Zone</i> “No way I’m speaking up” Safety issues covered up
		Low	High
		Accountability	

Feedback Creates Psych Safety

“I receive appropriate feedback about my performance.”

“In this clinical area, it is difficult to speak up if I perceive a problem with patient care.”



TeamSTEPPS Tools

- Briefing
- Critical language (C.U.S.S.)
- Feedback
- Debriefing

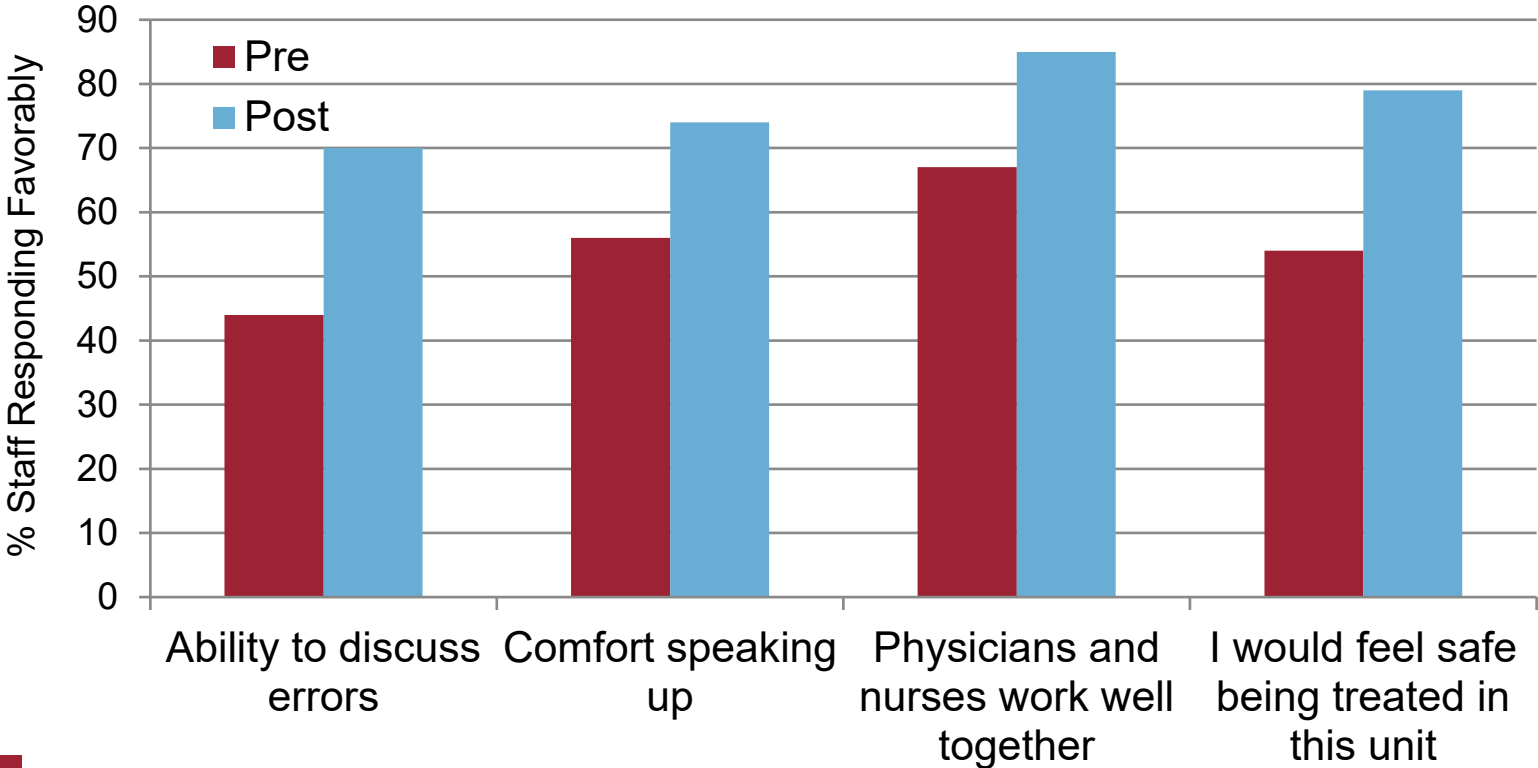


Briefing

- Information sharing
- Establish role clarity
- Prepare for unanticipated events
- Identify help chain



Introduction of Critical Language (Duke PICU)



Debriefing

- Soliciting input from all
- Develop group habits
- Real time learning
- Giving feedback / accountability
- Crowdsourcing solutions
- Organizational learning



CommonSpirit Health Today

24 states

and hundreds
of communities
served

2,250

care sites

162

hospitals

150,000

employees

35,000

physicians
and APPs

45,000

nurses

\$5 billion

in community benefit

20 million

annual patient encounters



Community benefits include unpaid cost of Medicare. Revenue and community benefits are for fiscal year ended June 30, 2023. All other data as of December 31, 2023. Total hospitals include hospitals operated through unconsolidated joint ventures.



Why This Matters

Medical harm remains a major challenge in healthcare

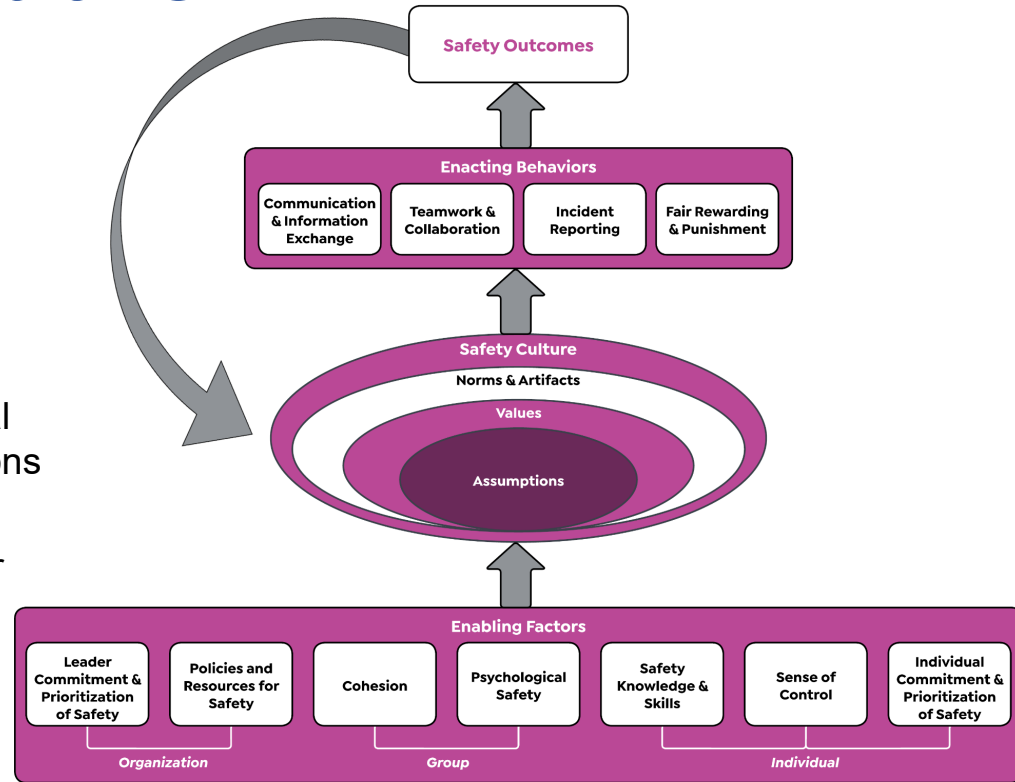
- 25% of admissions and 7% of clinic visits result in patient harm (Bates et al., 2023; Levine et al., 2024)
- Deaths related to medical errors remain the 3rd leading cause of death in the United States (Krause et al., 2021)
- Harm that does not result in death can include physical, emotional, psychological, social, and financial (Ottosen et al., 2021)

Strong safety cultures are critical to improved patient outcomes (Kilcullen et al., 2022)

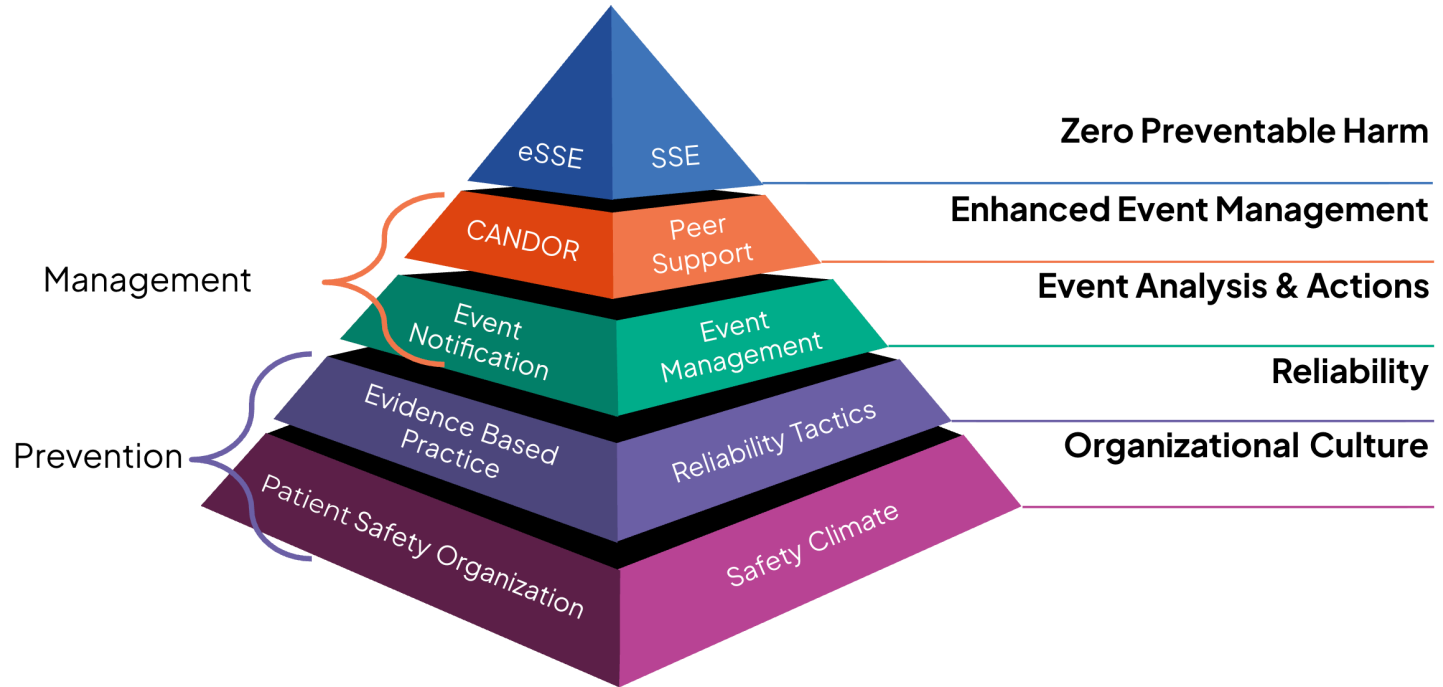
However, ineffective communication (Guttman et al., 2021; Weller et al., 2024) and teamwork failures remain major contributors to harm (Chen & Gong, 2022; Stevens et al., 2021)

Safety Culture Begins With Leadership Expectations

- Leaders who prioritize safety with words and **ACTIONS** shape what teams perceive as important (Adams, 2022)
 - Example: modeling safety behaviors, allocating resources for safety, creating an environment of trust and open communication
- Teamwork requires cohesion and psychological safety, which begins with leadership expectations and active reinforcement (Bisbey et al., 2021)
- Consistent leader response influences whether staff escalate concerns, whether perceived or actual (Edmondson & Bransby, 2023)



SafetyFirst: Operating Model



*SSE - serious safety events: deviations that reached the patient, and caused moderate to severe harm; eSSE - employee serious safety event rate

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Just Culture is More Than an Algorithm

Reactive	Proactive
Event investigations (RCA ²)	Early risk identification
Discipline focus	Coaching at-risk behavior
Retrospective reviews	Shared accountability
Ignored safety signals	Speaking up before harm occurs

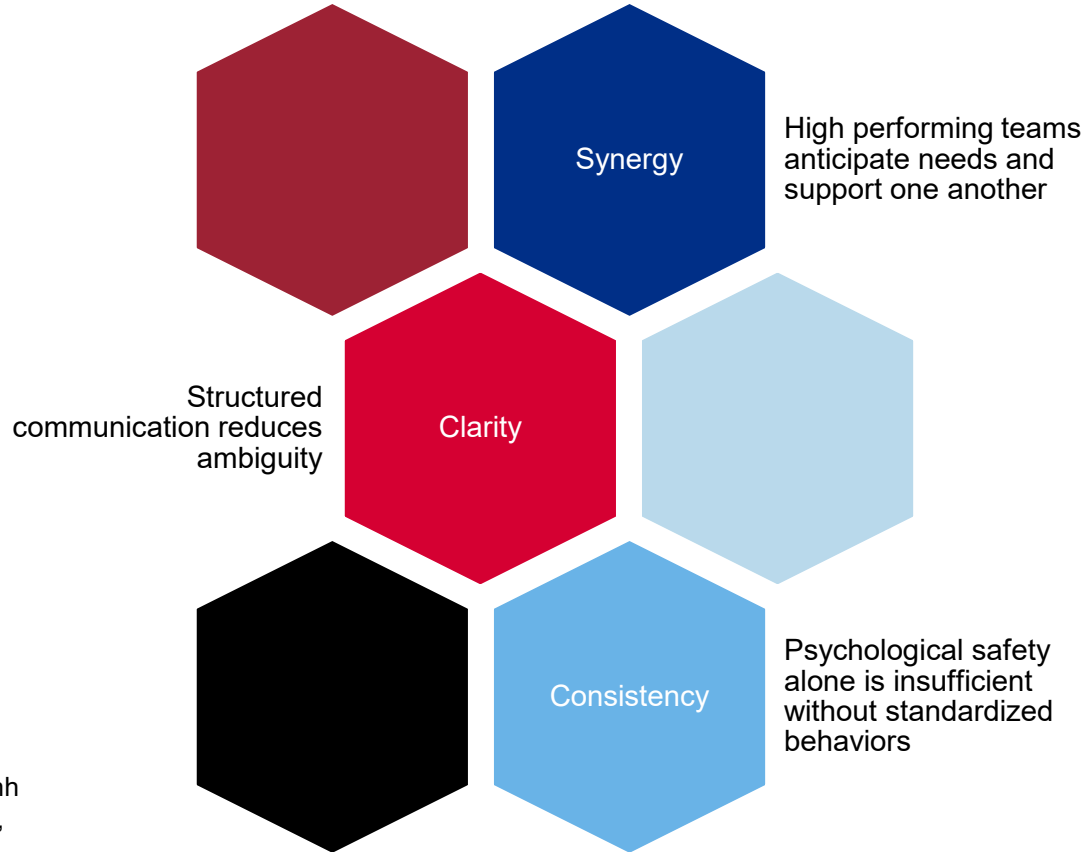
(Fencel et al., 2021; Small et al., 2021)

TeamSTEPPS Operationalizes Safety Culture

Safety Principle	TeamSTEPPS Behavior
Speak-up culture	C.U.S.S.
Shared mental model	Huddles
Reliable communication	Check-backs
Team cohesion	Mutual support
Early risk identification	Structured escalation

(Chen & Gong., 2021; Guttman et al., 2021; Weller et al., 2024)

Reliable Teams Communicate Differently



(Chen & Gong, 2022; Dinh et al., 2021; Bisbey et al., 2021)

Moving From Safety Philosophy to Daily Practice

Final Takeaways:

- A proactive leadership is critical to establish expectations
- Just Culture reinforces fairness and trust between leaders & staff, and amongst team members
- TeamSTEPPS standardizes communication behaviors
- Reliable escalation strengthens teamwork and prevents harm

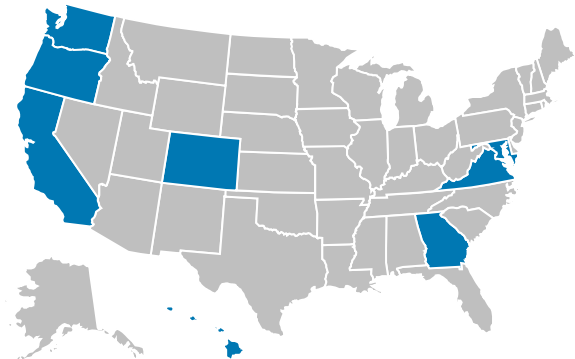
“We don’t build safer organizations only through policy or post-event review. We build them through the daily behaviors that make speaking up expected, supported, and actionable.”

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609

Medical offices



40

Hospitals

**Value Based, Non-Profit
INTERGRATED HEALTH CARE SYSTEM**

Kaiser Foundation Hospitals
Kaiser Foundation Health Plan, Inc.
Permanente Medical Groups



12.9 million

Members*



Founded 1945

Our strategy

Kaiser Permanente is committed to being a high-quality, more affordable, consumer-first, responsive KP — with more people and communities benefitting from our leading model.

Integration HRO principles in daily operations and decision making

What Can Healthcare Learn From High Reliability Science?

In health care today, routine processes fail regularly

- Hand hygiene compliance at 50%, medical administration, patient identification, communication errors during transitions of care

We see uncommon, preventable adverse events

- Wrong side/site surgeries, inpatient suicides, retained foreign objects, operating room fire, infant abductions

How Can Healthcare Achieve Zero Harm?



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What Does Zero Harm Mean?



- Zero falls
- Zero complications of care
- Zero infections
- Zero missed opportunities
- Zero overuse
- Zero lost revenue
- Zero harmful events *of any kind, for patients, staff, and visitors*

By using TeamSTEPPS tools and HRO Principles you are ensuring a more reliable work environment

Moving from HRO as a concept to consistent team behaviors



Key Human Performance Components



Head



Heart



Hands



Teams

Knowledge Check #3 - Activity

For the Principles of:

- A. Reluctance to Simplify
- B. Team Leadership and Situation Monitoring



Activity:

Listen to the TedTalk - "A Lesson on Looking" by Amy Herman

Link: <https://www.youtube.com/watch?v=jHmjs2270A>

(Time: 12:59 mins)

Take notes as needed

Key Concepts to look for:

1. By "looking again" or developing visual intelligence, we can support the principal of "Reluctance to Simplify" by asking several questions. Note what those questions are.
2. Looking at art is different than "seeing" art, according to Amy. Note how this "seeing" helps to develop better situation monitoring.
3. How "seeing art" helps a leader to "see" a contingency plan.
4. Look for the questions that allow us to use visual intelligence to avoid simplification.

Questions for Activity:

Explain how "looking again" or developing visual intelligence can support the principal of "Reluctance to Simplify". Example: radiologist who found that looking at the negative space in a painting helped her to discern more discreet abnormalities in an MRI.

"Looking" is still from the perspective of bucketing or a bias. Explain how "seeing" art or sculpture is different and gives us better situation monitoring

What is the relationship between seeing art and seeing a contingency plan?

What questions does Amy recommend we ask, "to have visual intelligence" that avoids simplification?

Safety Leader Roles – Reinforcing the Behaviors and “Leading from Where You Stand”



Frontline Staff

Safety Officers

Executives

Manager/Chiefs

SAFETY LEADER ROLES



Frontline
Staff

SAFETY LEADERSHIP ROLES/RESPONSIBILITIES

LEADING FROM WHERE YOU STAND

Frontline Staff /Providers (including Safety Champions)

Safety Culture

- Support a culture in which safety is fully integrated and becomes a shared responsibility to meet the goal of zero harm to patients, families, and the workforce
 - Actively participate and collaborate with multidisciplinary teams as appropriate to foster a culture of safety
- Commit to professional standards, lifelong learning and adherence to evidence-based guidelines which improve quality, safety, and resource utilization.
- Hold yourself and colleagues accountable to leading by example with a mindset of “safety first”
- Use actions and model behaviors that foster:
 - Psychological safety and speaking up
 - Safety reporting
 - Shared learning
 - Individual accountability in Just Culture¹
 - Adaptability to emerging threats of risk to the organization
 - Open and transparent communication utilizing TeamSTEPPS or other standardized teamwork and communication tools
- Reflect on any unintended bias or blind spots that may impact your ability to perform your work safely



Communication and Teamwork

- Speak up for safety
- Actively participate in safety communications such as safety huddles, unit-based teams, rounding, safety conversations, hazard/risk identification and reporting, incident investigation/analysis, etc. utilizing Team STEPPS
- Use TeamSTEPPS to foster effective team behaviors and communication
- Support team members and yourself in the aftermath of a safety event – taking time to process and recover

Reliability/Performance Improvement

- Use actions that prevent errors and avoid drift from safe practice
- Identify and understand risks that may impact your daily work and present challenges in your ability to work safely and participate in performance improvement efforts
- Report safety events, near-misses, and unsafe conditions immediately

Harm reduction through standardization, communication, and a shared mental model

TeamSTEPPS Tool:	CUS  
<i>Purpose (What it is and why important)</i>	CUS words are a way to escalate concern assertively without being confrontational - escalating from concern to a clear statement of risk.
<i>When to use it</i>	<ol style="list-style-type: none"> 1. You're unsure about a decision or action but need to express concern. 2. You feel something could harm a patient or team's safety. 3. Your first attempt to speak up wasn't heard.
<i>Who uses it</i>	Anyone on the team, regardless of role or hierarchy.
<i>How to use it</i>	<ol style="list-style-type: none"> 1. Concerned 2. Uncomfortable 3. Safety issue <p>Escalate clearly if the concern continues to go unaddressed.</p>
<i>Sample scenario</i>	A nurse receives an order for medication that seems to be too much for the pediatric patient. She spoke to the physician who didn't take her seriously ... so... "I'm Concerned about this medication dose. I'm Uncomfortable administering it. I think this is a Safety issue and we need to stop and double-check."
<i>Tips for using tool</i>	<ol style="list-style-type: none"> 1. Use in order but escalate quickly if the situation is urgent. 2. Maintain a calm but assertive tone.
<i>Related tools (if appropriate)</i>	<ol style="list-style-type: none"> 1. Two-Challenge Rule 2. DESC Script
<i>HRO Integration (Connection to the 5 principles)</i>	<ol style="list-style-type: none"> 1. Defence to Expertise: Encourages everyone to voice concerns, regardless of rank. 2. Reluctance to Simplify: Invites discussion rather than assuming everything is fine. 3. Commitment to Resilience: Offers a way to intervene early before harm occurs.
<i>Training Resources</i>	<p>AHRQ TeamSTEPPS 3.0 – Mutual Support Module: CUS and Assertiveness CUS materials and video links: https://www.ahrq.gov/teamstepps-program/curriculum/mutual/tools/cus.html Advocacy and Assertion materials and video links: https://www.ahrq.gov/teamstepps-program/curriculum/mutual/tools/advocacy.html Additional CUS videos: https://www.ahrq.gov/teamstepps-program/resources/additional/index.html</p> <p>AHA Team Training Slides links: CUS AHA Team Training Learning Center: https://aha-team-training.mn.co/landing?from=https%3A%2F%2Faha-team-training.mn.co%2Fcollections%2F24571 AHA Team Training Video link CUS: https://www.aha.org/center/project-firstline/teamstepps-video-toolkit/cus</p>
<i>Training Tip</i>	Recommend roleplay scenarios in staff huddles or safety training
<i>KP Support Tools</i>	<p>MAS-KP Learn: Course title: CUS Phrases for Safety - 10 Minute TeamSTEPPS in MAS Course ID / Class ID: CNL:MAS CUS PHRASES TS / 0001421133 Deep link to course: https://kplearn.kp.org/Saba/Web_spt/NASP2PRD001/common/teclassview/dowbt000000000068303 MAS Video gfi-CUS_Video_01_MM.mp4</p>
<i>Useful Measurement</i>	Process/outcome measures (Ie People Pulse-Speak Up index or Culture of Safety Survey)



TeamSTEPPS/HRO Tools that Help Prevent Fall Related Injuries



- Speak Up Safety (TeamSTEPPS)
- Situational Awareness of Environment of Care (TeamSTEPPS)
- Team Member Communication Tools (TeamSTEPPS)
- Team Huddles (HRO/TeamSTEPPS)
- Safety Boards (HRO)
- Post Fall Debriefs with applied Just Culture (TeamSTEPPS)



Q&A

Please use the Q&A pod on your Zoom toolbar to submit questions



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Final Reminders

○ Evaluation

- Please complete the evaluation form that appears on your screen once the webinar ends

○ Continuing Education

- Create a Duke OneLink account if you have not done so
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Any Questions?

Email us at teamtraining@aha.org
