

This charter can be used as a template to customize for your own project and local conditions. Project TICKER information is included as an example of the various considerations to make as you are planning your project.

Project TICKER



Teamwork to Improve Cardiac Kids' End Results

CHARTER

Problem Statement

Poor teamwork and unnecessary variations in clinical care practices can lead to patient harm for pediatric congenital heart disease patients, a high-risk group that receives care throughout a complex system of hospital units with a number of multidisciplinary care teams.

Aim

By September 30, 2012, Project TICKER will implement a patient- and family-centered safe practice infrastructure incorporating teamwork training and integrated clinical pathways (ICPs) for pediatric congenital heart disease patients at N.C. Children's Hospital. Goals include improving communication and decreasing unnecessary variation in care practices leading to decreased hospital length of stay, ventilator days, central line days, and readmission rates.

Sponsor/Stakeholders

This is a multidisciplinary project involving partnerships between the service units (PICU/CICU, CICC, OR, NICU), ancillary support teams (respiratory therapy, nutrition, pharmacy, patient- and family-centered care specialists, chaplain, etc.), medical teams (cardiothoracic surgery, cardiology, anesthesiology, pediatric/cardiac critical care, neonatology), patients, and families.

The project is funded by the Agency for Healthcare Research and Quality (grant number R18 HS019638).

Communication

Frontline staff

- Project newsletters
- Teamwork scores (pre- and post-training)
- Thank you letters from unit leaders
- Visits to unit with TeamSTEPPS facilitator

Family advisors

- Project newsletters
- Teleconferences
- Email updates

This charter can be used as a template to customize for your own project and local conditions. Project TICKER information is included as an example of the various considerations to make as you are planning your project.

Advisory Council

- Project newsletters
- Dashboard, including outcomes data not shared publicly
- Progress reports

Departmental leaders

- Project newsletters
- Meetings with project's physician leader

Hospital executive leaders

- Project newsletters
- Meetings with project's physician leader

Measurement Strategy

Measures

- Structure – components of pediatric cardiac surgery program and teamwork infrastructure.
- Process – teamwork training and implementation of integrated clinical pathways.
- Outcomes – complications, length of stay, risk-adjusted mortality, patient and family satisfaction.

Data Management Systems

- Society of Thoracic Surgeons national database (with internal IT support)
- Hospital epidemiology
- Anesthesia records
- Press-Ganey patient satisfaction
- Hospital finance/operations

Methods & Implementation

TeamSTEPPS™

- All health care personnel in participating units will be trained using evidence-based teamwork methodology.
- Facilitator will provide unit-based coaching.

Integrated Clinical Pathways

- Implement standardized care plans for two of the most common congenital heart lesions.
- Adapt available tools and incorporate feedback from patients and families at our institution.

This charter can be used as a template to customize for your own project and local conditions. Project TICKER information is included as an example of the various considerations to make as you are planning your project.

Timeline

- After planning phase, TeamSTEPPS training is the first activity.
- Each unit team will begin standardizing communication and other teamwork improvements upon completion of TeamSTEPPS training; units will begin working together to standardize communication after they both have had TeamSTEPPS training.
- The first integrated clinical pathway will likely take longer than the second; each 6-12 months or about 10 test cases.

Sample timeline	Year 1				Year 2				Year 3			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
TeamSTEPPS training by unit												
Cross-unit teamwork improvements												
Integrated clinical pathway #1												
Integrated clinical pathway #2												
Advisory Council meeting/data reporting (quarterly)												

Roles and Responsibilities

Physician leader (6-8 hours/week)

- Champion/facilitator for faculty group, which might include clinical as well as quality improvement experts
- Advisory Council chair

Project manager (15-20 hours/week)

- Project planning and tracking
- Website management
- Communications implementation

Quality analyst (15-20 hours/week)

- Data management and analysis
- Dashboard creation and maintenance

Cardiothoracic nurse practitioner (8-10 hours/week)

- Data collection and entry for STS database
- Participation on core project team

TeamSTEPPS facilitator (20-40 hours/week)

- Coordination and facilitation of TeamSTEPPS training
- Coaching to reinforce teamwork behaviors in clinical areas

This charter can be used as a template to customize for your own project and local conditions. Project TICKER information is included as an example of the various considerations to make as you are planning your project.

Family advisors

- *Time commitment varies widely depending on the level of involvement and the existing institutional infrastructure; some family advisors might participate on a monthly basis for a few hours while others might contribute to one topic with a few hours total.*
- Completion of basic HIPAA training and institutional confidentiality statement
- Participation on conference calls to share experiences and give feedback on such topics as communication with clinical staff, patient/family orientation, and facilities
- Other possible activities include attendance at in-person focus groups, review of ICP materials and, participation in pilot tests