

TeamSTEPPS at UNC Medical Center

Creating High-Performing Teams to Achieve Quality and Safety Goals



Our Teamwork Culture



“We know that teamwork is at the core of what we do and enables us to be successful.”

Dr. Brian Goldstein,
Exec. VP and COO

Team training is widely recognized as an important factor in improving the quality of medical care. At UNC, we use an evidence-based approach to teaching teamwork developed by the Department of Defense Patient Safety Program and Agency for Healthcare Research and Quality. TeamSTEPPS (Team Strategies and Tools to Enhance Performance and Patient Safety) provides tools and strategies to improve communication, leadership, and patient care.

Participants in TeamSTEPPS training programs at UNC have reported increased perceptions of safety in their units and improved communication both within and across patient care teams.

2015 UNC Medical Center Patient Safety Culture Survey Results	
86% Positive Perception of Teamwork <u>within</u> Units	Teaching Hospital benchmark: 79%
62% Positive Perception of Teamwork <u>across</u> Units	Teaching Hospital benchmark: 57%

Evidence Based Tools and Strategies

While there are numerous studies showing the benefit of specific applications of TeamSTEPPS tools and strategies to solve quality and safety challenges, a recent meta-analysis sought to test training theories and synthesize our understanding of team training in the healthcare environment.

Key Findings from **Saving Lives: A Meta-Analysis of Team Training in Healthcare**, Journal of Applied Psychology, 2016 (examined 129 eligible studies)

- “Healthcare team training is effective”
- Training effected outcomes; reduced medical errors, shortened length of stay, decreased patient mortality, improved patient satisfaction and safety climate
- Training is effective under a variety of conditions; regardless of the training strategy, team composition (interprofessional/interdisciplinary), participant type (student/clinicians), and patient acuity of the trainee’s unit

Top 10 Signs You are on a High-Performing Team

1. Someone brought brownies to the last debriefing
2. Team actually conducts debriefings
3. Noise level in emergencies stays below 80 decibels
4. People regularly use callouts and check-backs
5. The team regularly does a briefing before team events
6. Everyone actually pays attention and actively contributes to the briefing
7. Team members are encouraged to use CUS words (Concerned, Uncomfortable, Safety issue) and respectfully question plans and decisions to ensure safe patient care
8. People continuously update each other on decisions and information to maintain a shared mental model
9. Leadership roles can shift to meet needs of situation without drop in performance
10. Team talks about teamwork and takes pride in continuous improvement of communication, coordination and performance



A Commitment to Teamwork

In September 2007, UNC Health Care was awarded a two-year contract with the Agency for Healthcare Research and Quality (AHRQ) to implement and measure the effectiveness of TeamSTEPPS. The pilot implementation began with the PICU, SICU, and Respiratory Therapy and has spread to many other areas since that time.

In FY16, the Medical Center Improvement Council supported the expansion of TeamSTEPPS training into “high-risk” areas, as well as the newly-opened Hillsborough hospital and “early adopter” units with a particular interest in teamwork. These areas are currently applying their new knowledge and tools to improve quality, safety, and efficiency of patient care in their areas. With the selection of TeamSTEPPS training as an organizational quality goal for FY17, many new areas are preparing to offer training to their staff.

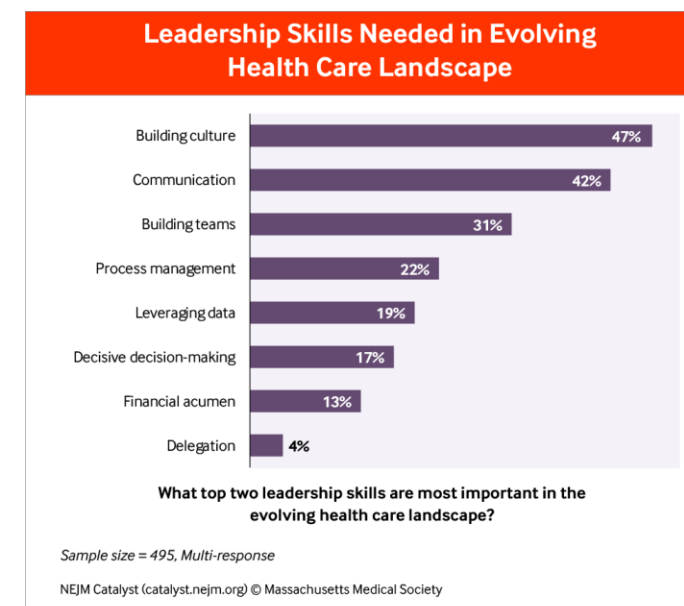


Hillsborough OR team debriefing a mock emergency transfer

Trending Topics in Teamwork



After many years of work, Google’s re:Work researchers seeking to create more effective teams finally realized that who is on the team matters less than how the team works together. The most important factor was “**psychological safety**,” or the ability of team members to ask questions, offer new ideas, or make mistakes without fear of embarrassment or punishment from other members.



According to members of the New England Journal of Medicine’s Catalyst Insights Council, the top three leadership skills necessary to lead healthcare, innovation, and transformation are based on the need to effectively create and lead team-based care.

Teamwork on the Fly

- 1 Speak up
- 2 Listen intently
- 3 Integrate different work facts and points of view
- 4 Experiment iteratively
- 5 Reflect on your ideas and actions

Dr. Amy Edmondson at Harvard Business School has studied teamwork for many years, particularly in environments where stable teams simply aren’t possible, like hospitals. Her research suggests that teams must organize and practice the principles of “**teaming**” or “**teamwork on the fly**.”

Aligning Teamwork with Quality and Safety Goals

Many of our successful quality and safety efforts at UNC find common ground when it comes to teamwork and communication. Empowering individuals to speak up when they have a concern about a patient or situation, enabling quick activation of specialized team responses for emergency situations, and enhancing communication processes during care transitions all improve the effectiveness, efficiency, and safety of care for our patients.

The UNC TeamSTEPPS Program is now a part of the School of Medicine’s Institute for Healthcare Quality Improvement (IHQI), which is led by Dr. Tina Schade Willis. TeamSTEPPS training is its own organizational goal for FY17; additionally, TeamSTEPPS training and tools will be aligned and integrated with other concurrent organizational quality and safety efforts to improve compliance with sepsis bundles and reduce various types of patient harm and hospital-acquired infections.

“In the PICU...the lesson learned was, if you use that phrase [Code Sepsis], even if you're not calling through a formal system, it puts everyone in the mindset you actually have to get this done quickly, and it requires a team coming together. Just like a trauma or any other code scenario.”



Dr. Tina Schade Willis
Director, IHQI

From *Children’s Hospitals Today*, the Children’s Hospitals Association quarterly magazine

FY17 Organizational Quality Goals	Target
Improve compliance with the CMS aggregate “sepsis bundle”	20% increase from baseline
Improve the transitions of care process for inpatients leaving the hospital	10% increase of acute inpatients with discharge appts within 14 days
Ambulatory Care: Primary Care Improvement Collaborative composite	5% improvement from baseline
Reduce the frequency of preventable patient harm as measured by infections	10% reduction from baseline
Reduce the frequency of preventable patient harm as measured by Patient Safety Indicators (PSIs)	10% reduction from baseline
Increase the number of clinical staff who complete teamwork training	Train 1,000 people in FY17

How Individuals Can Improve Teamwork

- Attend TeamSTEPPS training when it is offered in your area
- Ask your team to conduct a brief before an event or debrief after an event
- Show gratitude and appreciation to your team when they demonstrate good teamwork
- Ask team members to “close the loop” to ensure that key information has been received and understood
- Request a team huddle if you are unsure of the plan or need clarification
- Ensure that all team members have the opportunity to speak up and voice any questions or concerns about the plan of care
- Use callouts in team events to keep the team informed and organized
- Always speak up respectfully and be an advocate for the safety of your patients
- Visit our TeamSTEPPS website for more information and resources at <https://www.med.unc.edu/ihqi/training/teamstepps>

