ADVANCING TEAMSTEPPS® WITHIN INTERPROFESSIONAL PRIMARY CARE

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Disclosures

- The presenters have no conflicts of interest to disclose.

Learning Objectives:

By the conclusion of this educational session, the participant will be able to:

1. Describe how TeamSTEPPS® can be applied to interprofessional primary care practice and health profession education.

2. Discuss how to use didactic, case study, and simulation techniques in applying TeamSTEPPS® to interprofessional primary care.

Interprofessional - Collaborative Redesign and Evaluation for Population Access to Health (HRSA, #UD7HP26040, PI: Vlasses)

Vision:

Create a patient-centered, interprofessional model of care at the Family Medical Clinic and the School Based Health Center **AND** teach this model of care in the nursing, medical, dietetics, social work, and public health schools/programs.
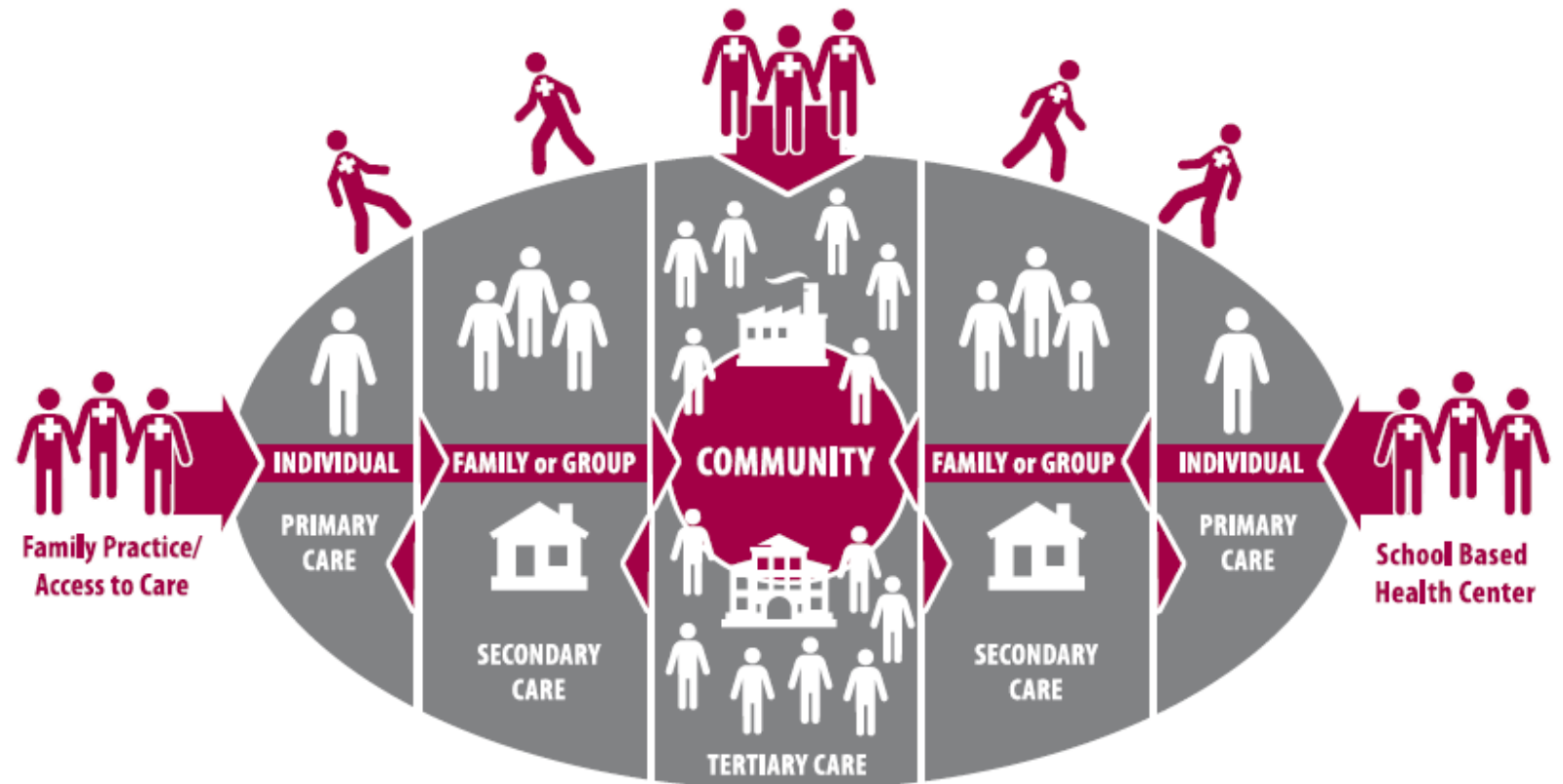
Developing Interprofessional Education Modules

- Values/Ethics

- Roles/Responsibilities
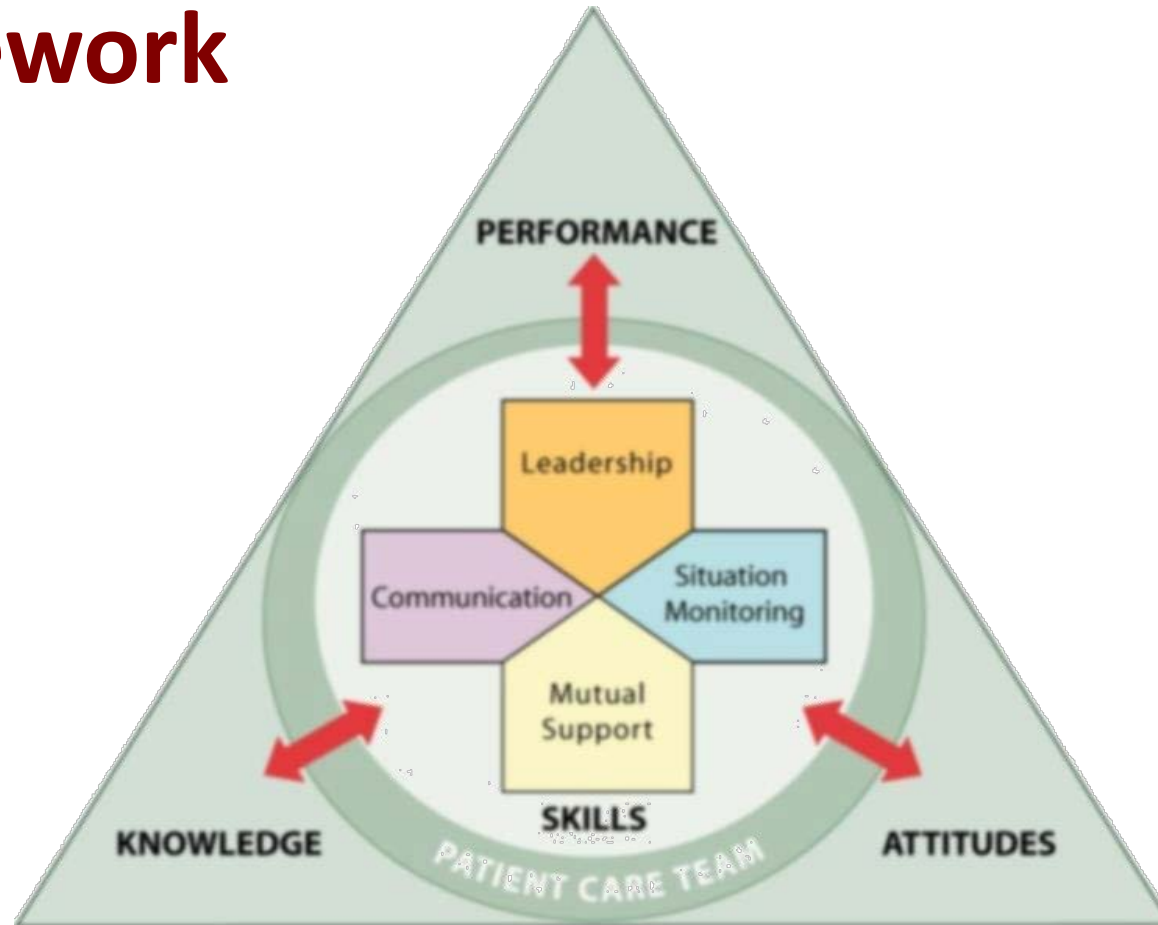
- Communication

- Teams/Teamwork
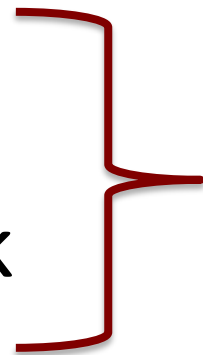
TeamSTEPPS® :
- Communication
- Situational Monitoring
- Mutual Support
- Leadership

TeamSTEPPS®: Team Strategies & Tools to Enhance Performance and Patient Safety

TeamSTEPPS®

- A systematic approach designed to improve the quality, safety, and efficiency of health care

- An evidence-based program based on more than 30 years of research and evidence

- A roadmap to creating high-performing, multidisciplinary teams in any setting

- A national standard for team training since November, 2006

TeamSTEPPS®
Conceptual Framework

The Big Picture: What Outcomes Might TeamSTEPPS® Achieve?

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 Co-Workers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS and STRATEGIES

Brief
Huddle
Debrief
STEP
Cross Monitoring
Feedback
Advocacy and Assertion
Two-Challenge Rule
CUS
DESC Script
Collaboration
SBAR
Call-Out
Check-Back
Handoff

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- *Patient Safety!!*

Education Framework

Didactic

Pre-work

Knowledge

→

Experiential
Learning

F2F Workshop

Skills, Attitudes

→

Simulation

In workplace

Integration of
knowledge, skills,
& attitudes in team
performance

Didactic → Primarily Knowledge

- **Pre-taped lectures on TeamSTEPPS®** http://hsd.luc.edu/ipeh/aboutus/

- **Videos:**
  - AHRQ Patient Safety https://www.youtube.com/user/ahrqpatientsafety
  - Sue Sheridan story https://www.youtube.com/watch?v=Hgug-ShbqDs&t=394s

- **Purpose:**
  - Impart knowledge, definitions
  - Introduce skills and attitudes

Experiential Learning at Workshop → Skills

- **Reinforced knowledge of each TeamSTEPPS® pillar**

- **AHRQ videos and discussion**

- **Per Pillar: Interactive games**
  - Introduction: Paper chain game
  - Communication: SBAR communication for daily problems
  - Think-Pair-Share
  - Situational Monitoring: back-to-back picture game
  - Leadership: Mr. Potato head game
  - Mutual Support: The towel flip exercise

Pre-Simulation

- Create plausible simulation imbedded into day-to-day practice
- Met with Unit Manager and Clinical Coordinator
  - What are typical problems related to teamwork?
  - What provider does it effect?
  - Workflow of simulation (How is it initiated? Interface with patient? Interface with other departments?)
  - Create EHR chart – test subjects in the production database
- Developed script and workflow design

Simulation → Integration with Attitudes

1. Simulation Design
   - Needs assessment
   - Objectives and outcomes
   - NLN Jeffries Simulation Theory
   - Scenario development w/attention to fidelity
2. Prebriefing – Staff knew the week of the simulations
3. Implementation –initiated by a message or call, completed within the day
4. Debriefing – all simulations at a full staff meeting
5. Evaluation—discussed lessons learned at the staff meeting

Simulation #1

- Incomplete communication from APN message to SW and RD
  - SW: "Patient needs help in home. Please assist as soon as possible".
  - RD: "Patient needs help with meals. She has lost 30 pounds."
- TeamSTEPPS® pillars and tools: SBAR, Mutual Support, Feedback
- EHR provided background on patient. Patient's phone number was to a standardized patient cell number. Standardized patient provided scripted response.
- Debrief

Simulation #2

- Emergency call to front desk
  - "I need to see Dr. Smith. I just don't want to live anymore….don't put me on hold!"
- TeamSTEPPS® pillars and tools: Situational monitoring, Mutual support, Task assistance
- Workflow from front desk staff to psychologist
- Debrief

Lessons Learned

Great Communication -> Great Teamwork

- Revealed system errors

- Deliberate practice is essential

- Strengthened relationships within the workplace

- Importance of a positive work environment

- Be present and more intentional

- Highlighted improvement in communication & teamwork

Teamwork is Essential!

References

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- TeamSTEPPS®: Strategies and Tools to Enhance Performance and Patient Safety. Rockville, MD: Agency for Healthcare Research and Quality; 2015. http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html

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