AIM: SEVERE HYPERTENSION IN PREGNANCY

USING TEAMSTEPPS® CONCEPTS TO CREATE HIGHLY RELIABLE MATERNAL CARE RESPONSE

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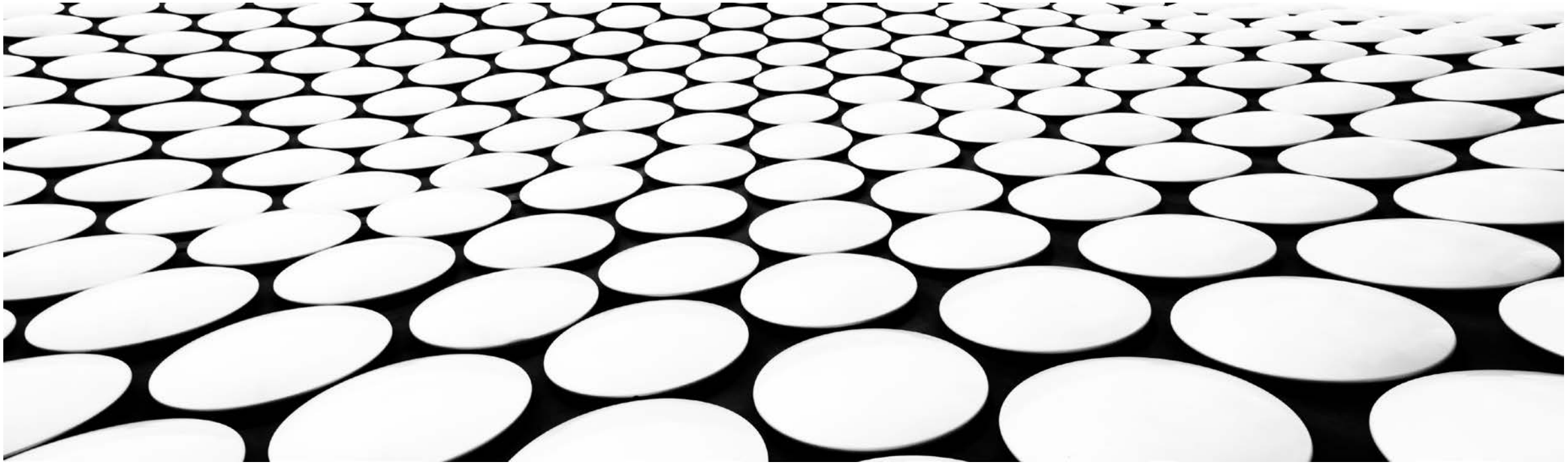


HIGH RELIABILITY ORGANIZATIONS

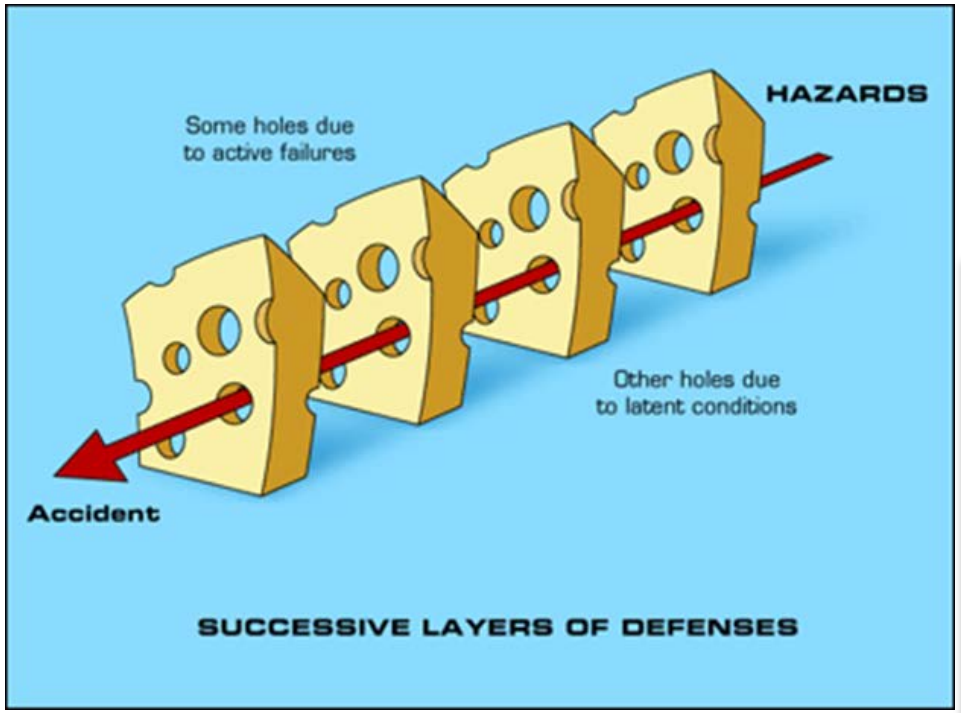
HRO is *not* a process improvement program…it is an organizational culture designed to reduce the frequency and severity of catastrophic events

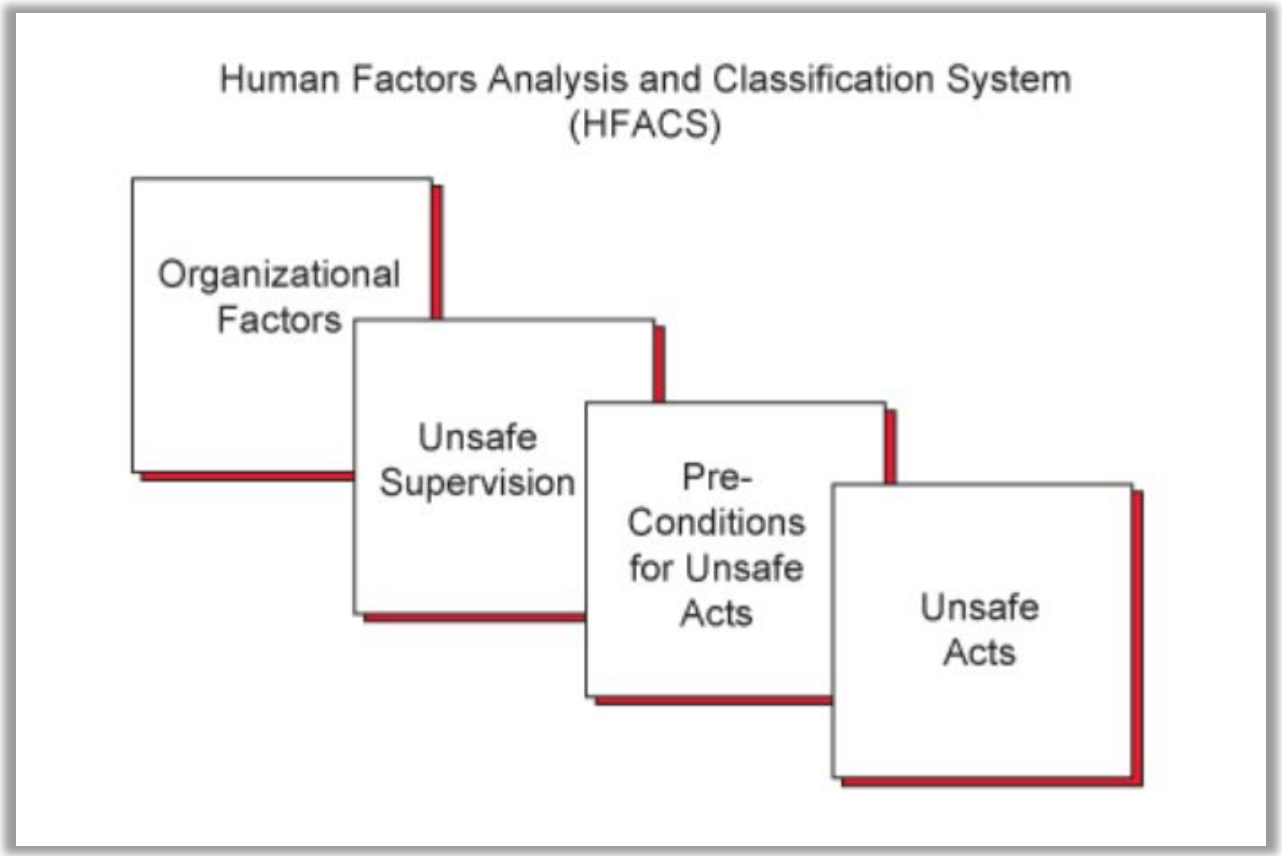
"The study of 'high reliability'—or consistent performance at high levels of safety over long periods of time—began with investigations of organizations that manage extreme hazards with exemplary safety records, far better than those in health care today." *Chassin & Loeb, Health Affairs, April 2011*

Three requirements for achieving high reliability:

- Leadership
- Safety Culture
- Robust Process Improvement

REASON'S SWISS CHEESE MODEL

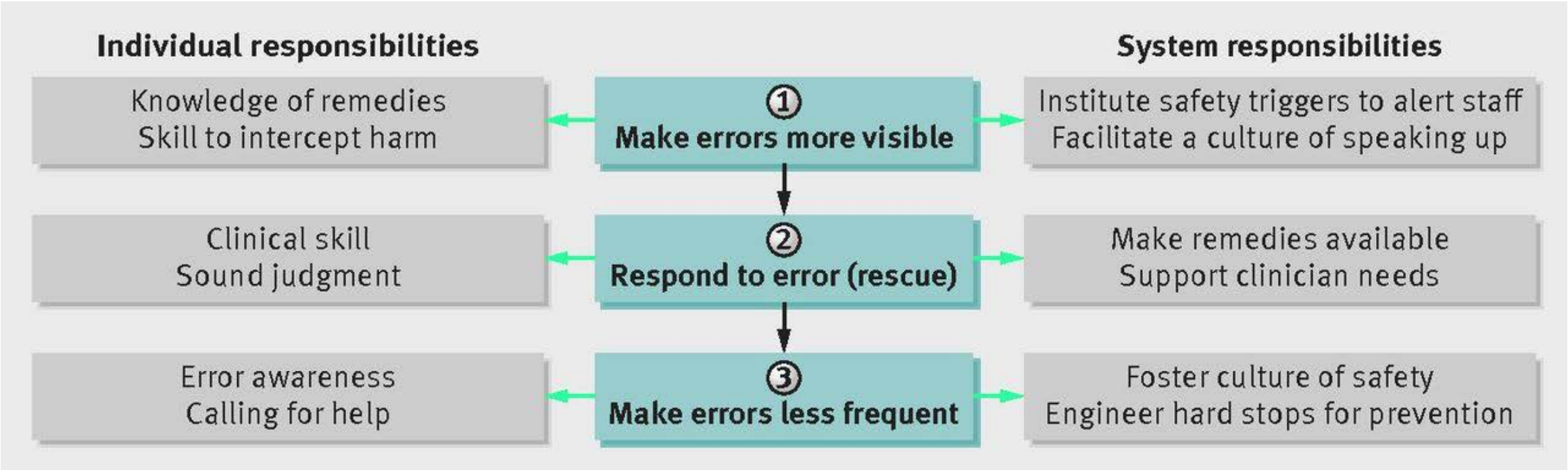




Source: Journal of System Safety

ARE YOU FOCUSED ON REPAIR OR RELIABILITY?

Repair Focused	Reliability Focused
Fix it	Improve it
Firefight	Predict, Plan, Schedule
Tradesman	Business Team Member
Manage defects	Eliminate Defects
Reduce Maintenance Cost	Increase Uptime
Program of the month	Continuous Improvement
Believe failures are inevitable	Believe failures are exceptional
Give priority to breakdowns	Give priority to eliminating failures
Many failures	Few failures
Low level of planned work	High level of planned work
High level of rework	Low levels of rework
Poor reliability	High reliability
High maintenance costs	Low maintenance cost
Short term plans	Long term plans
Become non-profitable	Attract new investments


Individual responsibilities
System responsibilities
Knowledge of remedies
Skill to intercept harm
① Make errors more visible
Institute safety triggers to alert staff
Facilitate a culture of speaking up
Clinical skill
Sound judgment
② Respond to error (rescue)
Make remedies available
Support clinician needs
Error awareness
Calling for help
③ Make errors less frequent
Foster culture of safety
Engineer hard stops for prevention

TeamSTEPPS®

TEAMSTEPPS® OUTCOMES

- ☑ Improved team performance (e.g., Weaver, et al., 2010)
- ☑ Improved team processes (e.g., Capella, et al., 2010)
- ☑ Improved patient safety culture (e.g., Thomas and Galla, 2013)

TOOLS AND STRATEGIES SUMMARY

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 Coworkers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS and STRATEGIES

Communication
- SBAR
- Call-Out
- Check-Back
- Handoff

Leading Teams
- Brief
- Huddle
- Debrief

Situation Monitoring
- STEP
- I'M SAFE

Mutual Support
- Task Assistance
- Feedback
- Assertive Statement
- Two-Challenge Rule
- CUS
- DESC Script

OUTCOMES

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

COMPONENTS OF HIGH-PERFORMING TEAMS

- Hold shared mental models
- Have clear roles and responsibilities
- Have clear, valued and shared vision
- Optimize resources
- Have strong team leadership
- Engage in a regular discipline of feedback
- Develop a strong sense of collective trust and confidence
- Create mechanisms to cooperate and coordinate
- Manage and optimize performance outcomes

Communication

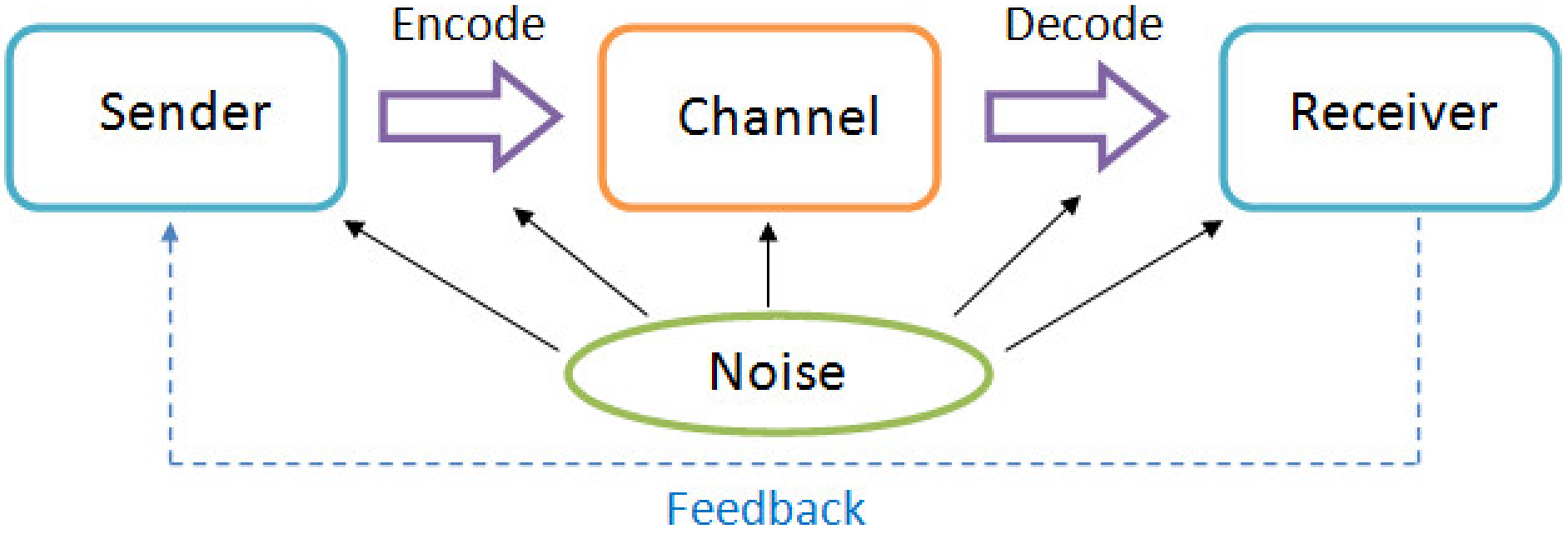

...AND THAT IS WHY WE LIFT ON THREE...
COMMUNICATION
DOUGHAN
doughan.com

COMMUNICATION

- Effective communication skills are vital for patient safety.
- It enables team members to effectively relay information.
- It is the mode by which most TeamSTEPPS® strategies and tools are executed.

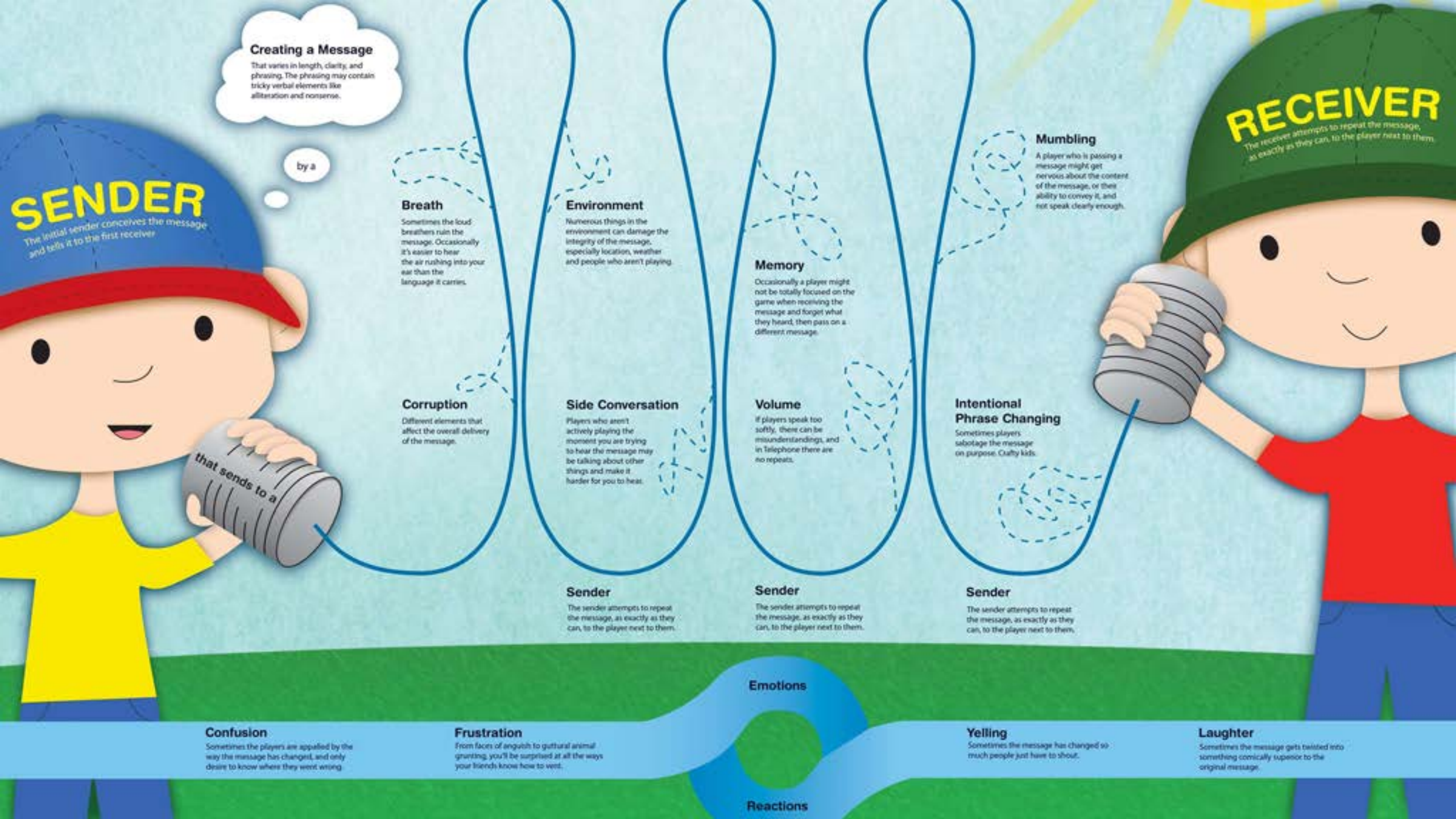
INEFFECTIVE COMMUNICATION

- Review of reports from The Joint Commission reveals that communication failures were implicated at the root of over 70 percent of sentinel events.
  - Nurse:physician communication is cited as one of the highest contributing factors to error.
  - Feelings of intimidation led to being unable to effectively communicate.



COMMUNICATION IS…

- The exchange of information
- Communication is effective when it permeates every aspect of an organization.
- Effective communication is the lifeline of teamwork


Creating a Message
That varies in length, clarity, and phrasing. The phrasing may contain tricky verbal elements like alliteration and nonsense.
by a
SENDER
The initial sender conceives the message and tells it to the first receiver
that sends to a
RECEIVER
The receiver attempts to repeat the message, as exactly as they can, to the player next to them.
Breath
Sometimes the loud breathers ruin the message. Occasionally it's easier to hear the air rushing into your ear than the language it carries.
Environment
Numerous things in the environment can damage the integrity of the message, especially location, weather and people who aren't playing.
Memory
Occasionally a player might not be totally focused on the game when receiving the message and forget what they heard, then pass on a different message.
Mumbling
A player who is passing a message might get nervous about the content of the message, or their ability to convey it, and not speak clearly enough.
Corruption
Different elements that affect the overall delivery of the message.
Side Conversation
Players who aren't actively playing the moment you are trying to hear the message may be talking about other things and make it harder for you to hear.
Volume
If players speak too softly, there can be misunderstandings, and in Telephone there are no repeats.
Intentional Phrase Changing
Sometimes players sabotage the message on purpose. Crafty kids.
Sender
The sender attempts to repeat the message, as exactly as they can, to the player next to them.
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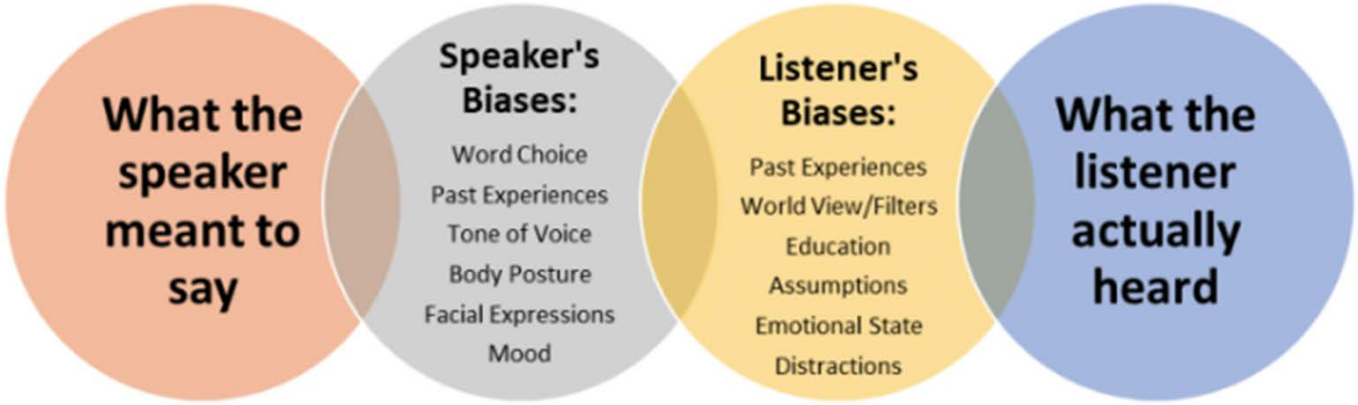
Emotions
Reactions
Confusion
Sometimes the players are appalled by the way the message has changed, and only desire to know where they went wrong.
Frustration
From faces of anguish to guttural animal grunting, you'll be surprised at all the ways your friends know how to vent.
Yelling
Sometimes the message has changed so much people just have to shout.
Laughter
Sometimes the message gets twisted into something comically superior to the original message.

COMMUNICATION BARRIERS

- Language barriers
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change
- Generational styles/preferences

B I A S



MECHANISMS OF EFFECTIVE COMMUNICATION

- Complete — Communicate all relevant information
- Clear — Convey information that is plainly understood
- Brief — Communicate the information in a concise manner
- Timely — Offer and request information in an appropriate timeframe; validate information

Good Clinical Care Requires Teamwork

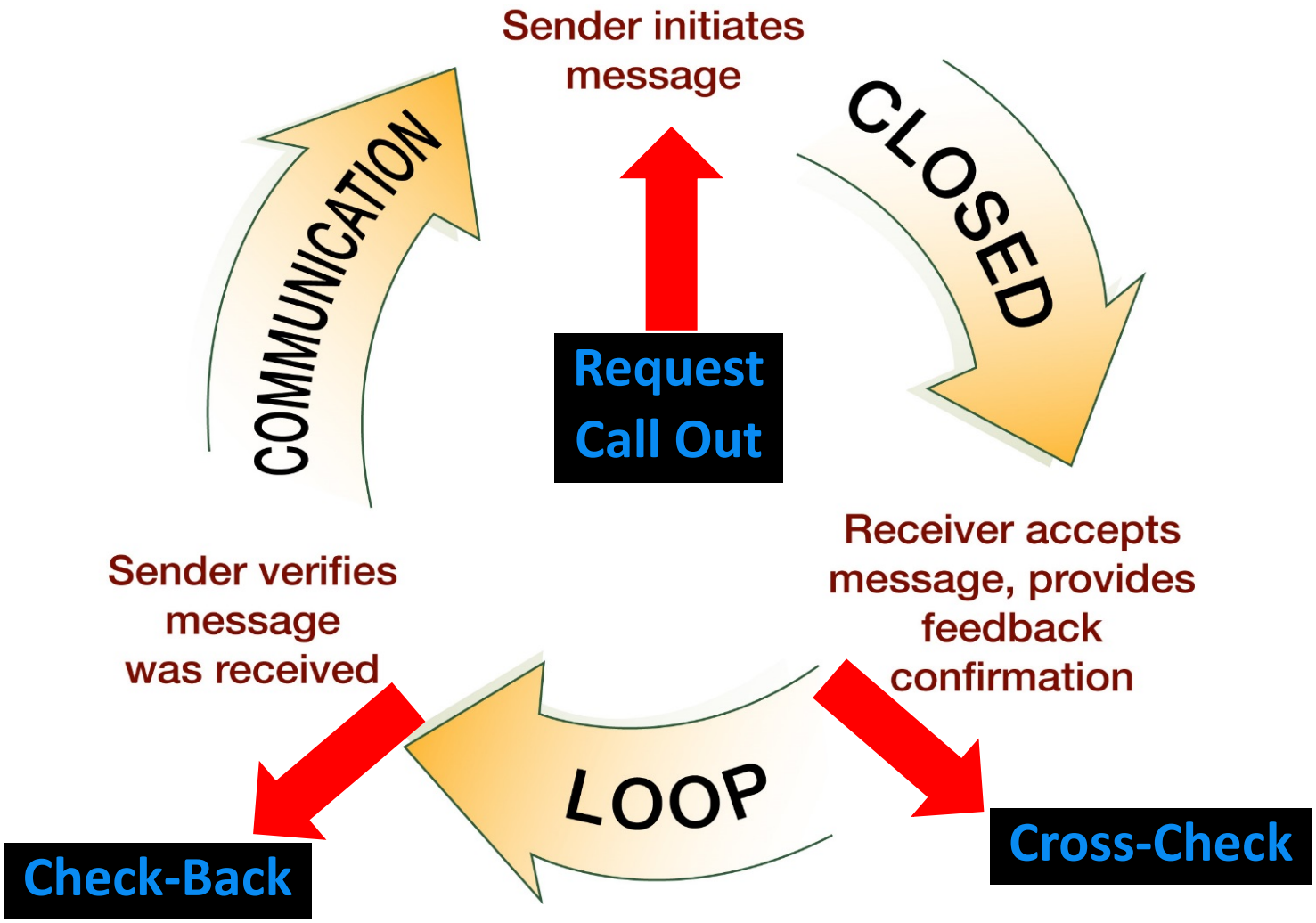
Good Communication is the Skill

Otherwise Patient Care and Patient Safety Will Be De-Railed

STRATEGIES FOR INFORMATION EXCHANGE

- SBAR
- Call-Out
- Cross-Check
- Check-Back
- Two-Challenge Rule
- CUS Words

CLOSED LOOP COMMUNICATION



CALL-OUT

A strategy used to communicate important or critical information *(often unrequested information).*

- It informs all team members simultaneously during emergency situations.
- It helps team members anticipate next steps.

CROSS-CHECK

A closed-loop communication strategy used to verify a request is received. Sender initiates request or message, receiver confirms he/she has received the request.

- Validating a request the team leader of team member

  Example:

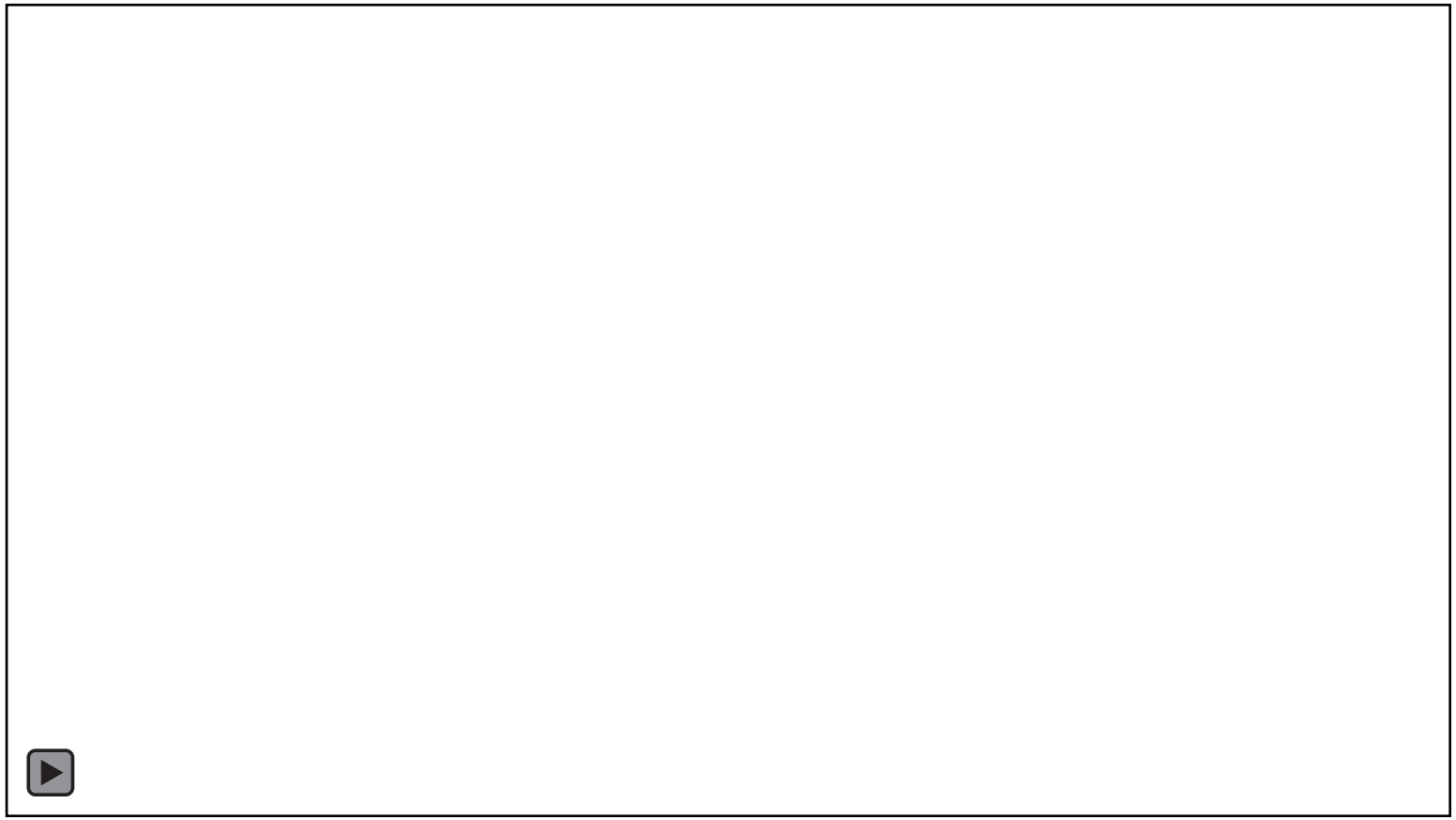
  - Bob the Team Leader says:

    “Joe, get me a blood gas.”

  - Joe the Team Member **cross-checks**:

    “Bob, I will get the blood gas.”

CROSS-CHECK EXAMPLE



Link to watch the video: https://www.youtube.com/watch?v=7-a2QBfFQeA

CHECK-BACK

A communication loop involving a sender initiating the message and a receiver accepting the message and providing feedback that the task has been completed.

- Example:
  - Resident asks the nurse:
    “Bill, call anesthesia.”
  - Nurse confirms by saying:
    “Calling for anesthesia.”
  - Nurse **checks back**:
    “I have contacted anesthesia.”

Tools for Leading Teams

BRIEF CHECKLIST TOOL

TOPIC	
Who is on working today?	☑
All members understand and agree upon goals?	☑
Roles and responsibilities understood?	☑
Plan of care?	☑
Staff availability?	☑
Workload?	☑
Available resources?	☑

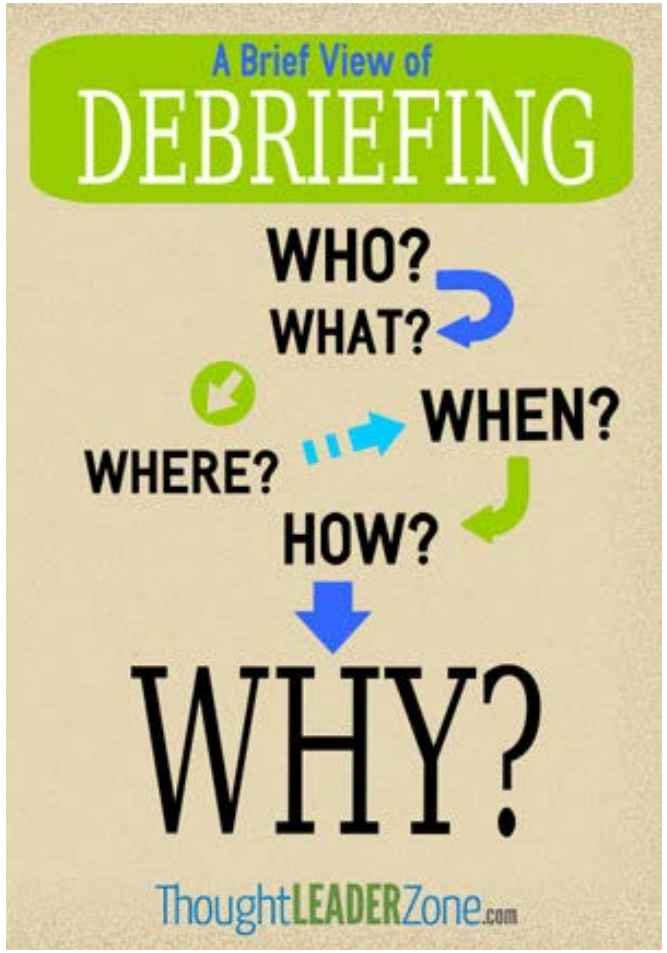
HUDDLE

- Huddles are designed to problem solve, monitor and modify previous plans.
  - Ad hoc, “touch base” meetings to regain situational awareness
  - Discuss critical issues and emerging events
  - Anticipate outcomes and likely contingencies
  - Assign resources
  - Express concerns

DEBRIEF

- Used to review the team's performance
- Brief informal information exchange and feedback sessions
- Occur after an event or shift
- Designed to improve teamwork skills
- Designed to improve outcomes
  - An accurate recounting of key events
  - Analysis of why the event occurred
  - Discussion of lessons learned and reinforcement of successes
  - Revised plan to incorporate lessons learned

DEBRIEF TOOL



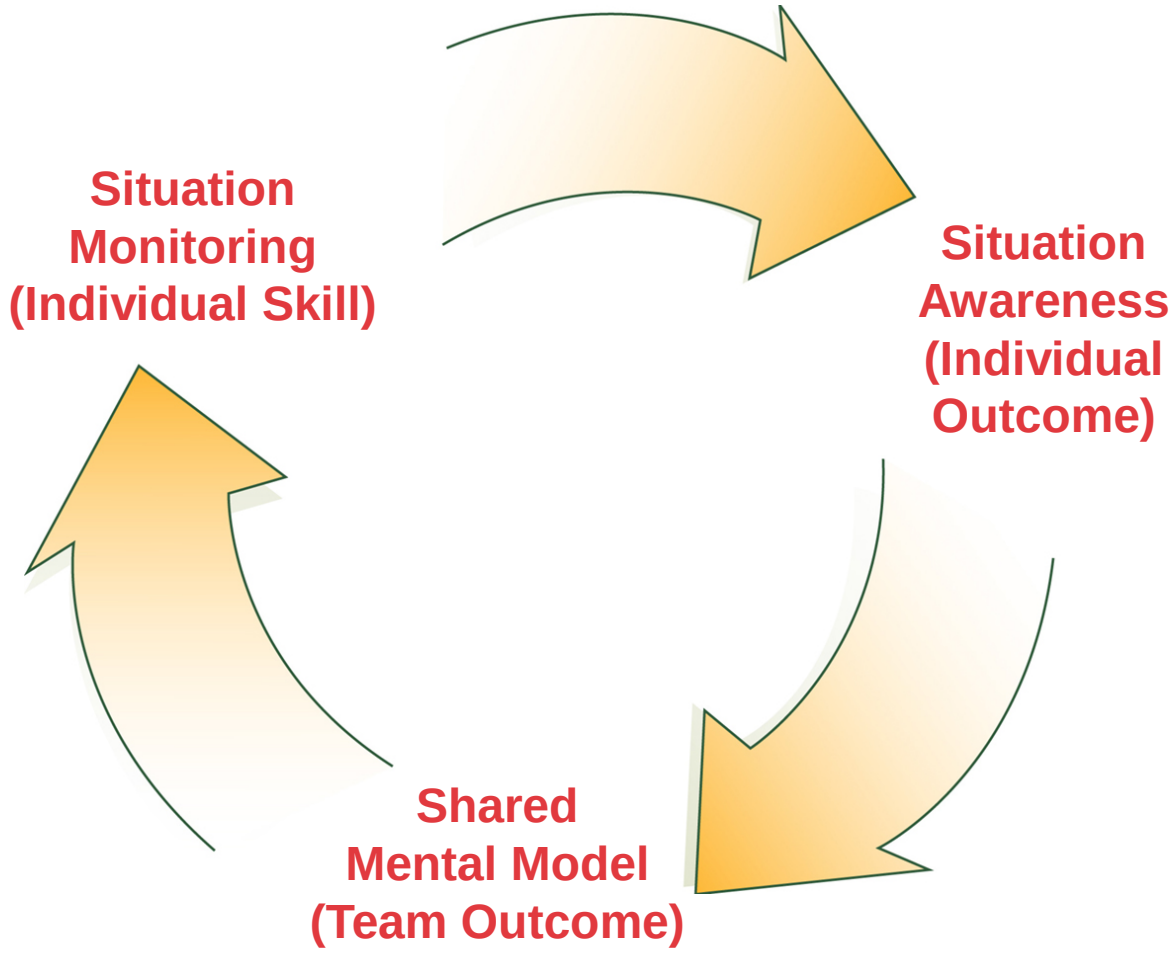
- What went well?
- How can we improve for next time?
- Did we have the right tools, right people, right supplies?
- Questions?
- Kudos

Team Function: Situation Monitoring, Situation Awareness and Developing a Shared Mental Model

SITUATION MONITORING AND AWARENESS

- Ensures new or changing information is identified for communication and decision-making
- Leads to effective support of fellow team members
- Situation monitoring and situation awareness is by the individual — it means looking and listening up and outside of individual work.

CONTINUOUS PROCESS



CONDITIONS THAT UNDERMINE SITUATIONAL AWARENESS

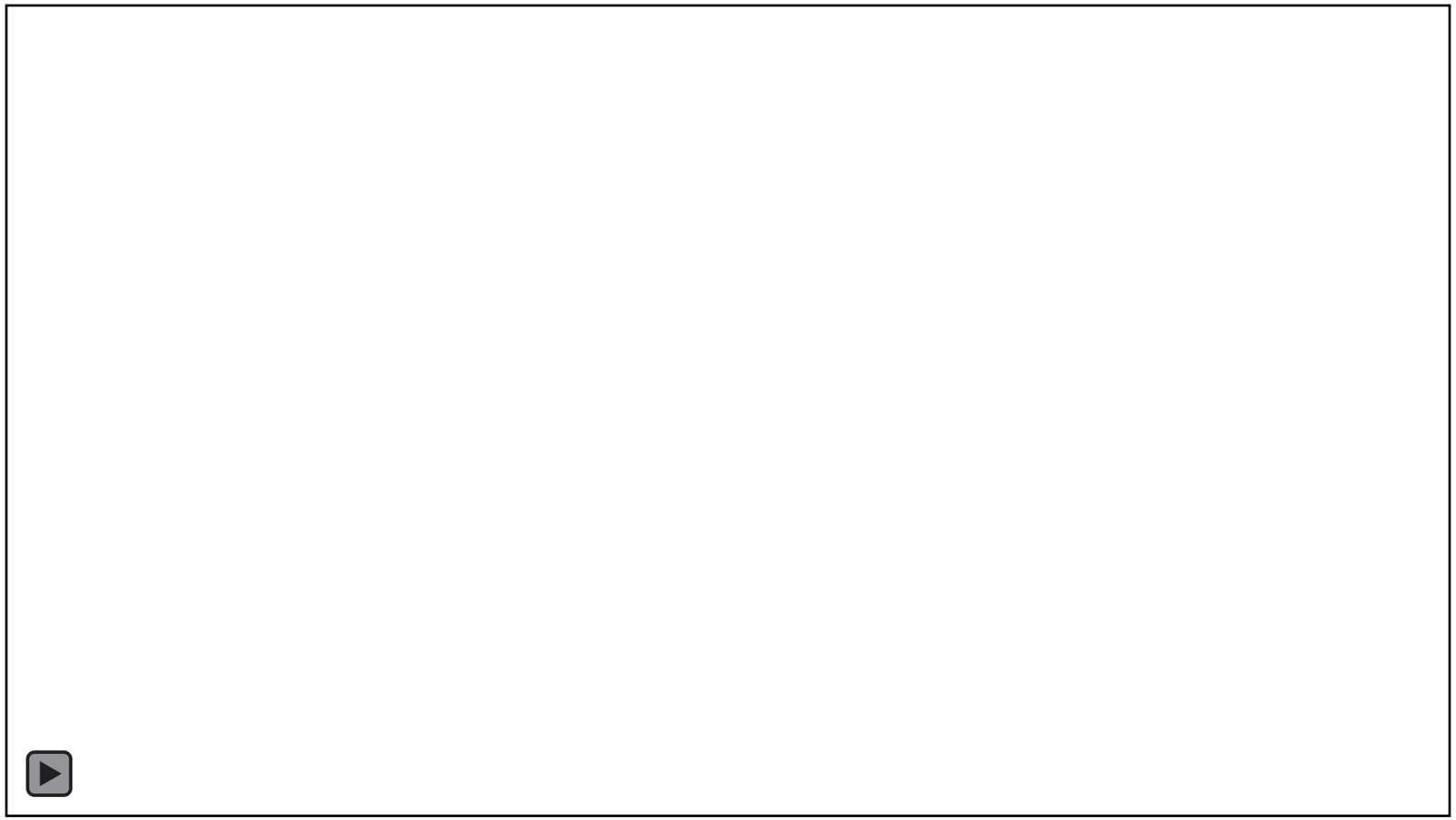
Failure to:

- Share information with the team
- Request information from others
- Direct information to specific team members
- Include patient or family in communication
- Utilize resources fully (e.g., status board, automation)
- Maintain documentation
- Know and understand where to focus attention
- Know and understand the plan
- Inform team members the plan has changed

WHY SHARED MENTAL MODELS?

- Lead to mutual understanding of situation
- Lead to more effective communication
- Enable back-up behaviors
- Help ensure understanding of each other’s roles and how they interplay
- Enable better prediction and anticipation of team needs
- Create commonality of effort and purpose

SHARED MENTAL MODEL



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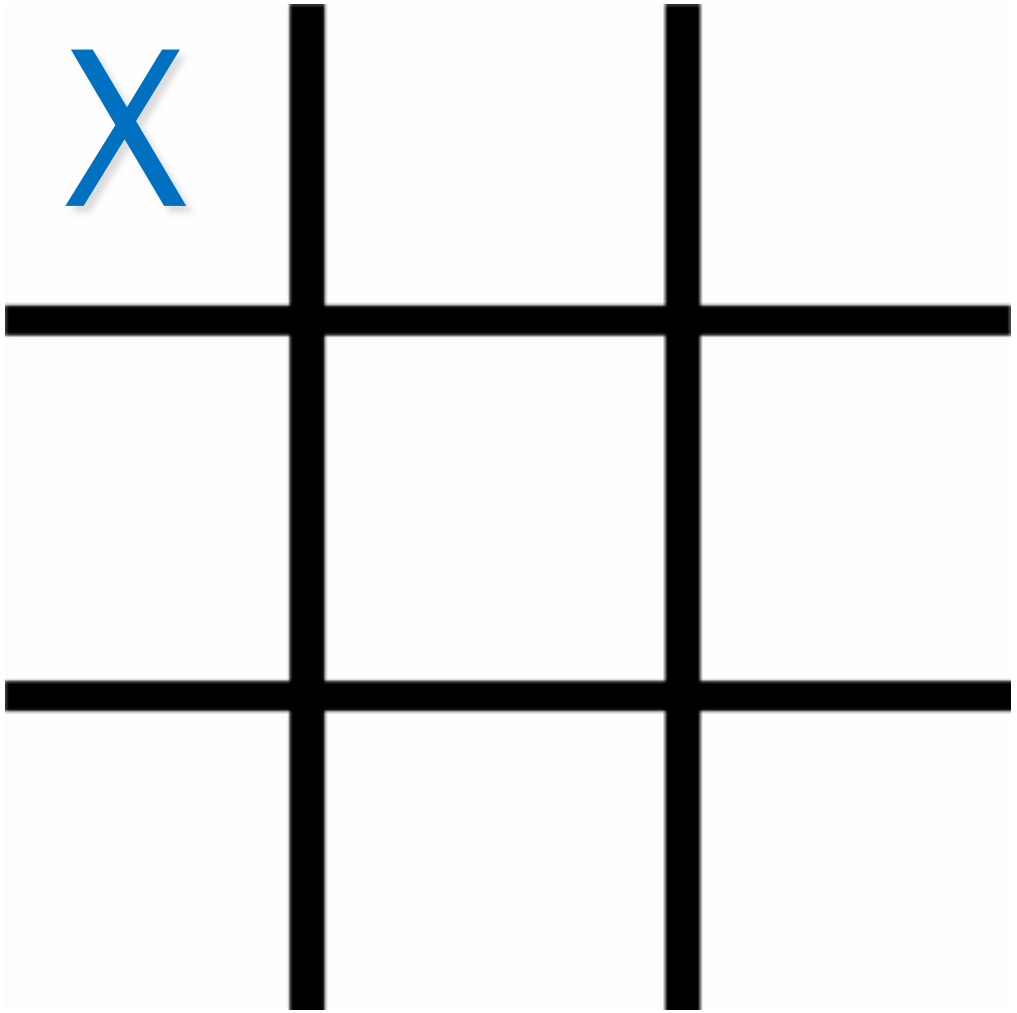
WHAT IS THIS?



hashtag

pound

sharp

Mutual Support

MUTUAL SUPPORT

- Involves team members:
  - Assisting each other
  - Providing and receiving feedback
  - Exerting assertive and advocacy behaviors when patient safety is threatened

LOSS OF PSYCHOLOGICAL SAFETY

- Critical information not shared
- Team members
  - Fear reprisal
  - Feel marginalized
  - Are less engaged
  - Lose ownership and accountability
- Errors covered up
  - Mistakes are repeated

THE ASSERTIVE STATEMENT

- Respectful and supportive of authority
- Clearly asserts concerns and suggestions
- Is non-threatening and ensures that critical information is addressed
- Five-Step Process
    1. Open the discussion
    2. State the concern
    3. State the problem — real or perceived
    4. Offer a solution
    5. Obtain an agreement

WHEN YOUR ASSERTION IS IGNORED…

Two-Challenge Rule:

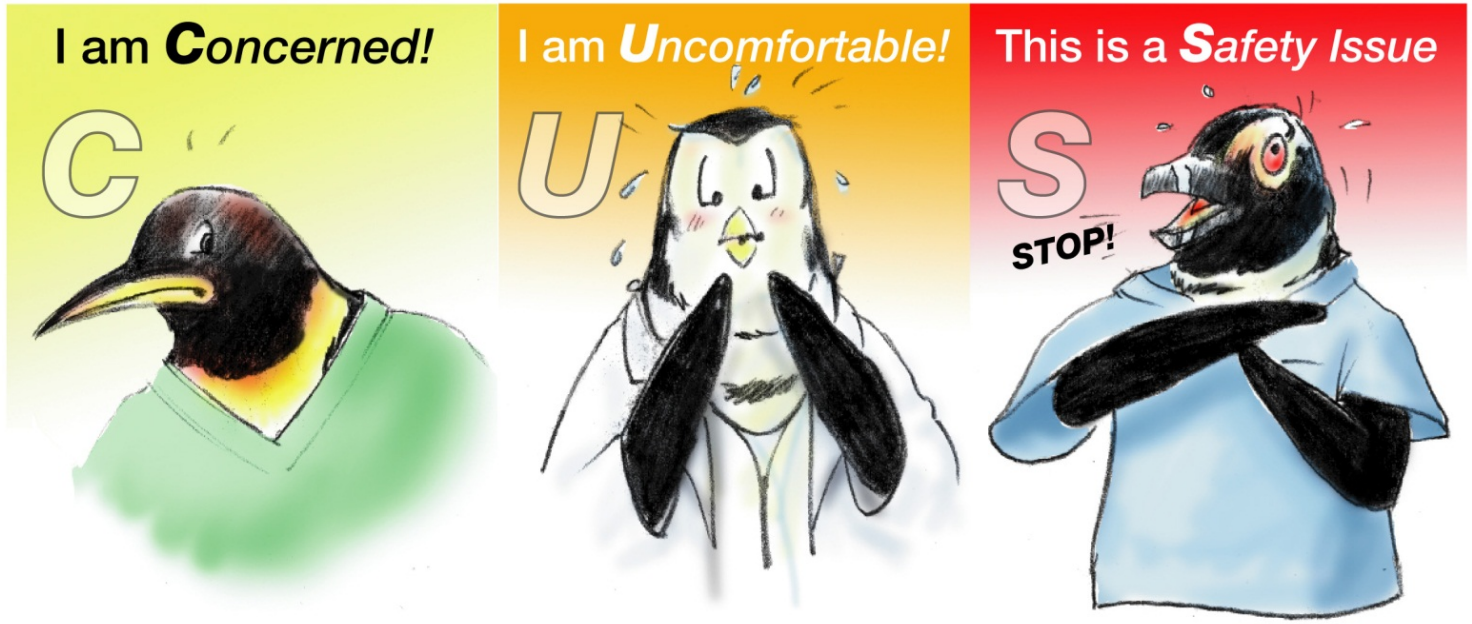
- It is your **responsibility** to assertively voice your concern at least **two times** to ensure that it has been heard.
- The member being challenged must acknowledge.
- If the outcome is still not acceptable:
  - Take a stronger course of action
  - Use supervisor or chain of command

TWO-CHALLENGE RULE

- Empower any team member to “stop the line” if he or she senses or discovers a breach of safety.
- This is an action never to be taken lightly, but it requires immediate cessation of the process and resolution of the safety issue.

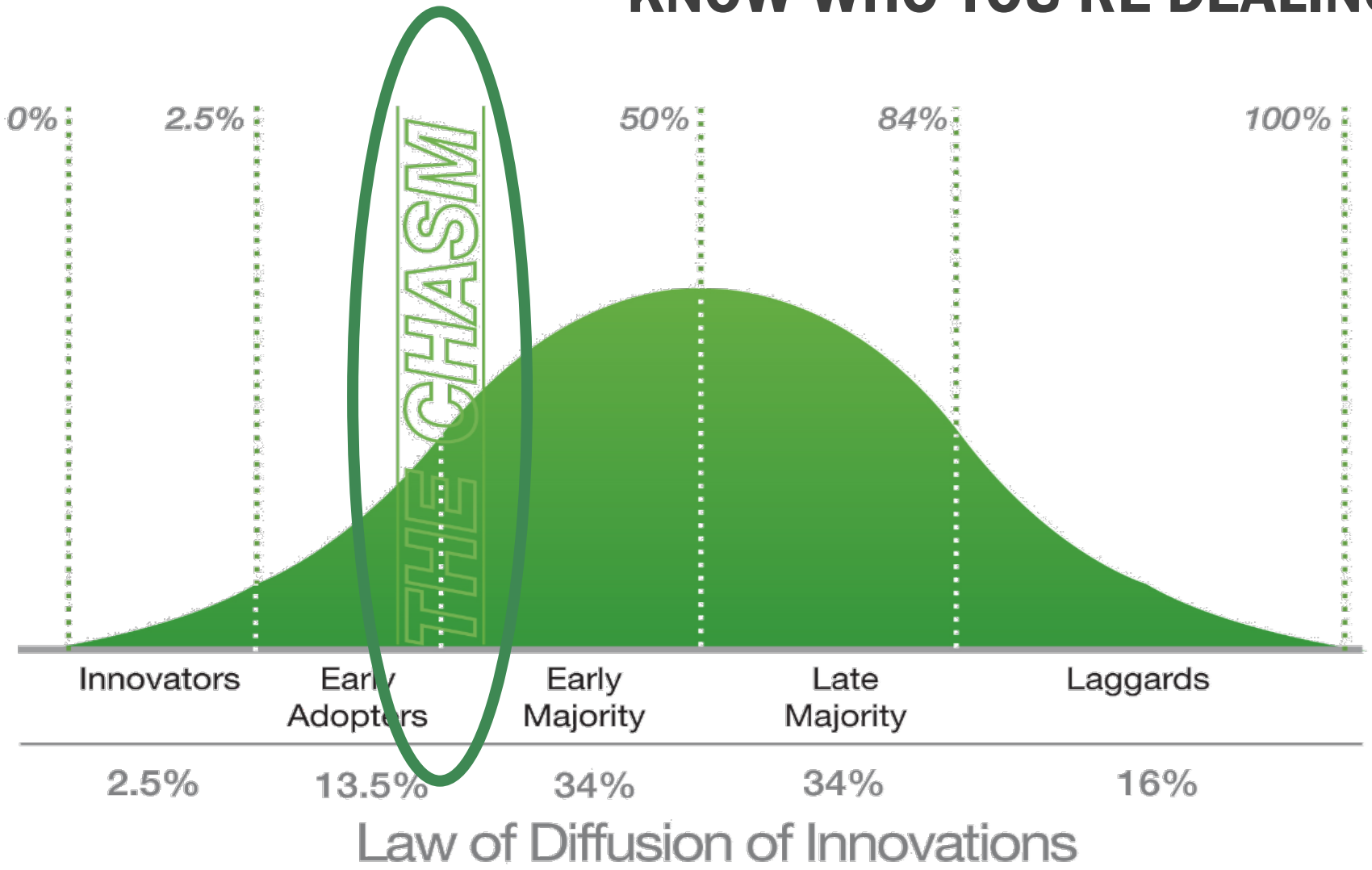
CONFLICT RESOLUTION

- CUS Words/Phrases
- **but *only* when appropriate!**



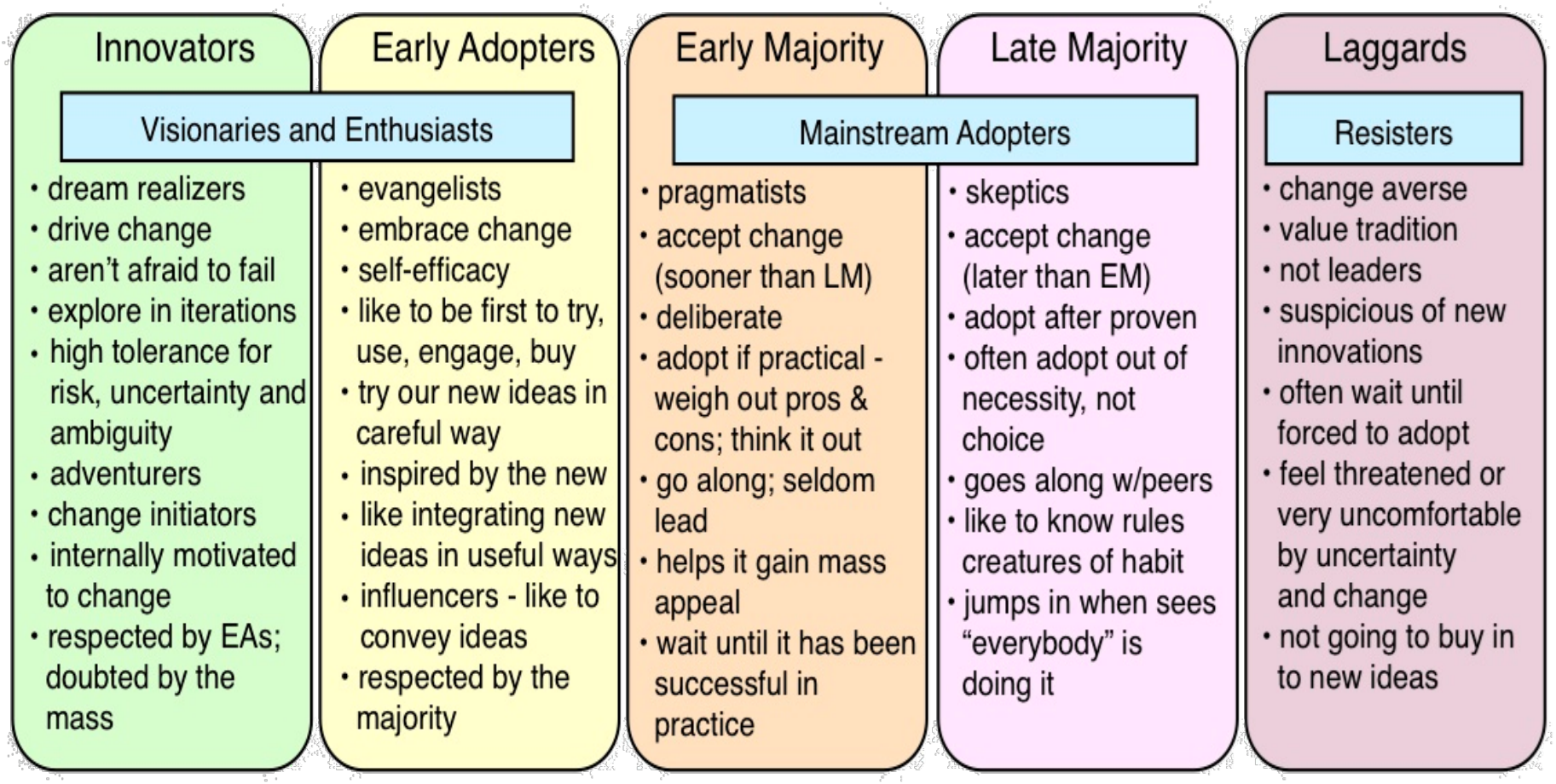
Making a Change…

KNOW WHO YOU'RE DEALING WITH



Law of Diffusion of Innovations

Characteristics: Innovators to Laggards



Characteristics Image by The Center for Creative Emergence 2011
Main Sources: Diffusion of Innovation by Everett Rogers
Crossing the Chasm by Geoffrey Moore

SUMMARY

- Each TeamSTEPPS® teamwork skill:
  - Facilitate teamwork
  - Is dependent upon or moderated by the other skills
  - Contributes to team performance, quality of care and patient safety