

TeamSTEPPS[®]

**Interprofessional
Collaboration and Clinical-
Community Relationships**

Innovation in Access to Diabetes Care through Interprofessional Collaborative Practice

A small, light gray speaker icon with sound waves is positioned over the word "Interprofessional" in the main title.

Funded by Health Resources and Services Administration
(HRSA)

FAU Christine E. Lynn College of Nursing Community Health Center



Organization Purpose

- To increase access to comprehensive, high quality, and culturally sensitive care for underserved populations, while training the next generation of health care professionals.

FAU Christine E. Lynn College of Nursing Community Health Center



Mission Statement

To provide comprehensive, culturally sensitive primary care services to the community, based on the College of Nursing's philosophy of caring and a commitment to health equity.

FAU Christine E. Lynn College of Nursing Community Health Center



As a part of Florida Atlantic University, the Center is a site to enrich student learning, as well as faculty research and scholarship.

FAU Christine E. Lynn College of Nursing Community Health Center



FAU Christine E. Lynn College of Nursing Community Health Center



FAU Christine E. Lynn College of Nursing Community Health Center



COMMUNITY HEALTH
CENTER
Christine E. Lynn College of Nursing
Florida Atlantic University

FAU CHC is filling the gap by providing services in diabetes education and management, telehealth, tele-behavioral health, and comprehensive behavioral health. These specific activities and collaborative relationships include local, rural, and public health primary care sites in which FAU CHC fills the role as a community resource.

Genesis Community Health Center, Inc.



Florida Community Health Center



Florida Community Health Centers, Inc.
"Working Together for Healthier Communities." Since 1976

FAU Christine E. Lynn College of Nursing Community Health Center





**FAU
Christine E.
Lynn
College of
Nursing
Community
Health
Center**

Community Care Coordination

- **Directly impacts the outcome of healthy behaviors within the community**
- **Referrals are an important point of coordination**
 - **Referrals to healthcare specialists**
 - **Referrals for maximization of services**
 - **Health insurance coverage**
 - **Social work services**
 - **Referrals to care through screenings provided by outreach staff and FAU students (BSN, MSN, DNP, PhD, MD and SW)**

FAU Christine E. Lynn College of Nursing Community Health Center





Partnering Universities





The Lord's Place

Mission Statement

The Lord's Place is dedicated to breaking the cycle of homelessness by providing innovative, compassionate, and effective services to men, women, and children in our community.

The Lord's Place



The Lord's Place is a nonprofit, non-sectarian, 501(c)3 organization that has been changing the lives of homeless families and individuals in Palm Beach County for over 30 years.

The Lord's Place

Organizing individualized clinical-community relationships is done through Unified Care Plans that are shared and structured among clinical partners in Palm Beach County.



The Lord's Place





The Lord's Place



The Lord's Place



Care Coordination

"Organizing care involves the marshalling of personnel and other resources needed to carry out all required patient care activities and is often managed by the exchange of information among participants responsible for different aspects of care."

Reference: Care Coordination, Quality Improvement. October 2014. Agency for Healthcare Research and Quality, Rockville, MD.
<http://www.ahrq.gov/research/findings/evidence-based-reports/caregapt.html>

Mission Statement:
Genesis Community Health, Inc. serves Christ and the community by providing quality, comprehensive healthcare to all; regardless of ability to pay.

Genesis Community Health is an access point of care for patients who traditionally do not have adequate access to the healthcare system.







TeamSTEPPS[®]

**Team Strategies & Tools to
Enhance Performance &
Patient Safety**

What is TeamSTEPPS[®]?

It is an initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power, business and industry...
to acquire team competencies.



Let's watch this
introduction!

TeamSTEPPS

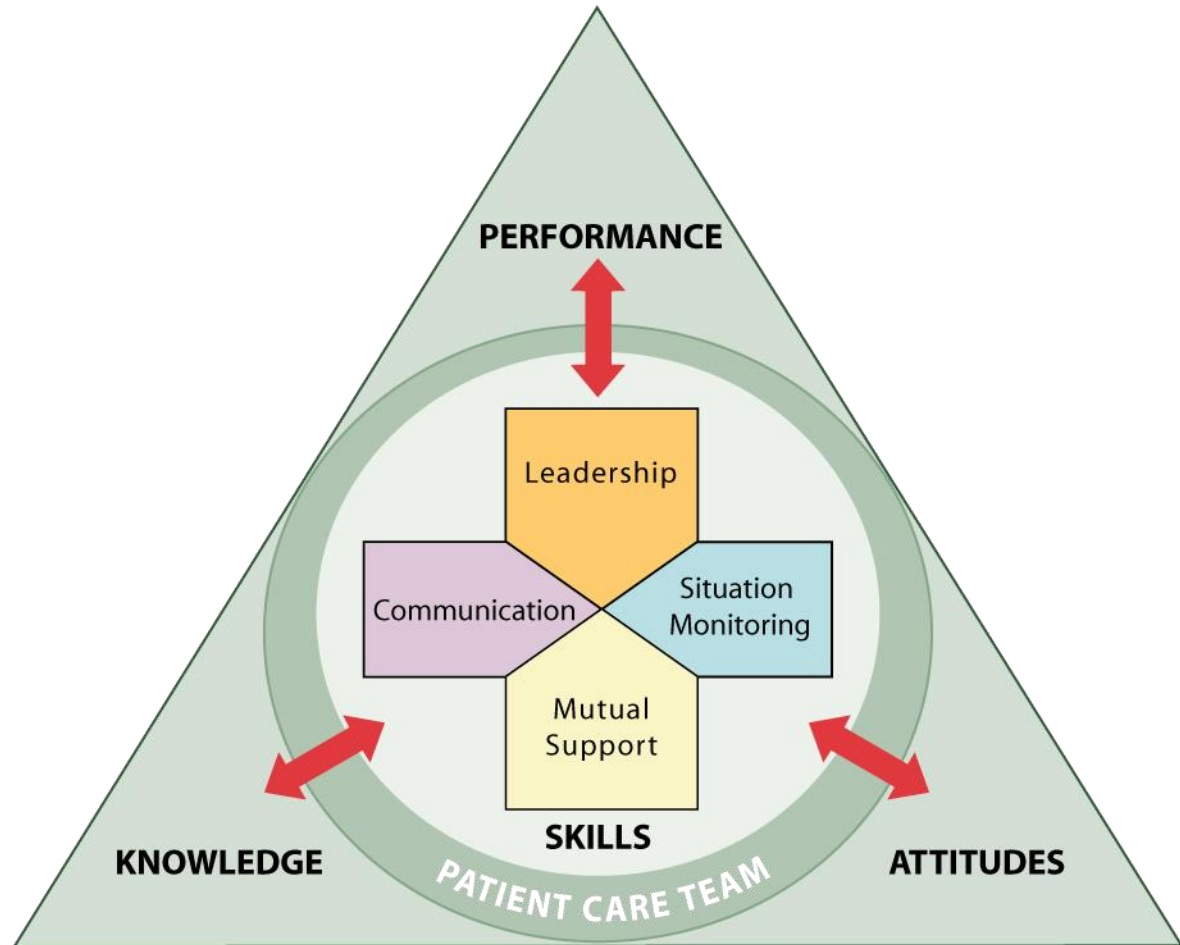
For Design & Delivery of Patient Processes & Team Work

The collage features several TeamSTEPPS resources. On the left, there are two brochures with the title 'TeamSTEPPS' and images of healthcare professionals. In the center, a checklist or form is visible with various sections and checkboxes. On the right, a larger graphic displays the 'TeamSTEPPS' logo and the subtitle 'For Design & Delivery of Patient Processes & Team Work'. Below the logo, there are sections for 'Introduction', 'Key Principles', and 'Implementation', each with descriptive text and small images. At the bottom right of the collage is a circular video frame showing a woman in a red jacket.

Dr. Carolyn Clancy
Director, AHRQ



TeamSTEPPS Skills



Does TeamSTEPPS Work?

Clinical Outcomes

- 50% reduction in the Weighted Adverse Outcome Score (WAOS), which describes the adverse event score per delivery.
- 50% decrease in the Severity Index, which measures the average severity of each delivery with an adverse event.*
- Reduced rate of adverse drug events. Improved medication reconciliation at patient admission.†

* Mann S, Marcus R, Sachs B. Grand Rounds: Lessons from the cockpit: how team training can reduce errors on L&D. *Contemp OB/Gyn* 2006 Jan;51:34-45.

† Haig K, Sutton S, Whittington J. SBAR: a shared mental model for improving communication between clinicians. *Jt Comm J Qual Patient Saf* 2006 Mar;32(3):167-75.

Does TeamSTEPPS Work?

Teamwork Outcomes

- Significant improvement in communication and supportive behavior.
- Significant post-training increases in perceptions of teamwork.*
- Reductions in turnover rate.
- Increases in employee satisfaction.†

• * Weaver, SJ, Rosen MA, DiazGranados D, et al. Does teamwork improve performance in the operating room? A multilevel evaluation. *Jt Comm J Qual Patient Saf* 2010 Mar;36(3):133-42.

• † Leonard M, Graham S, Bonacum D. The human factor: the critical importance of effective teamwork and communication in providing safe care. *Qual Saf Health Care* 2004;13 Suppl 1:85-90.

Primary Care Office Environment



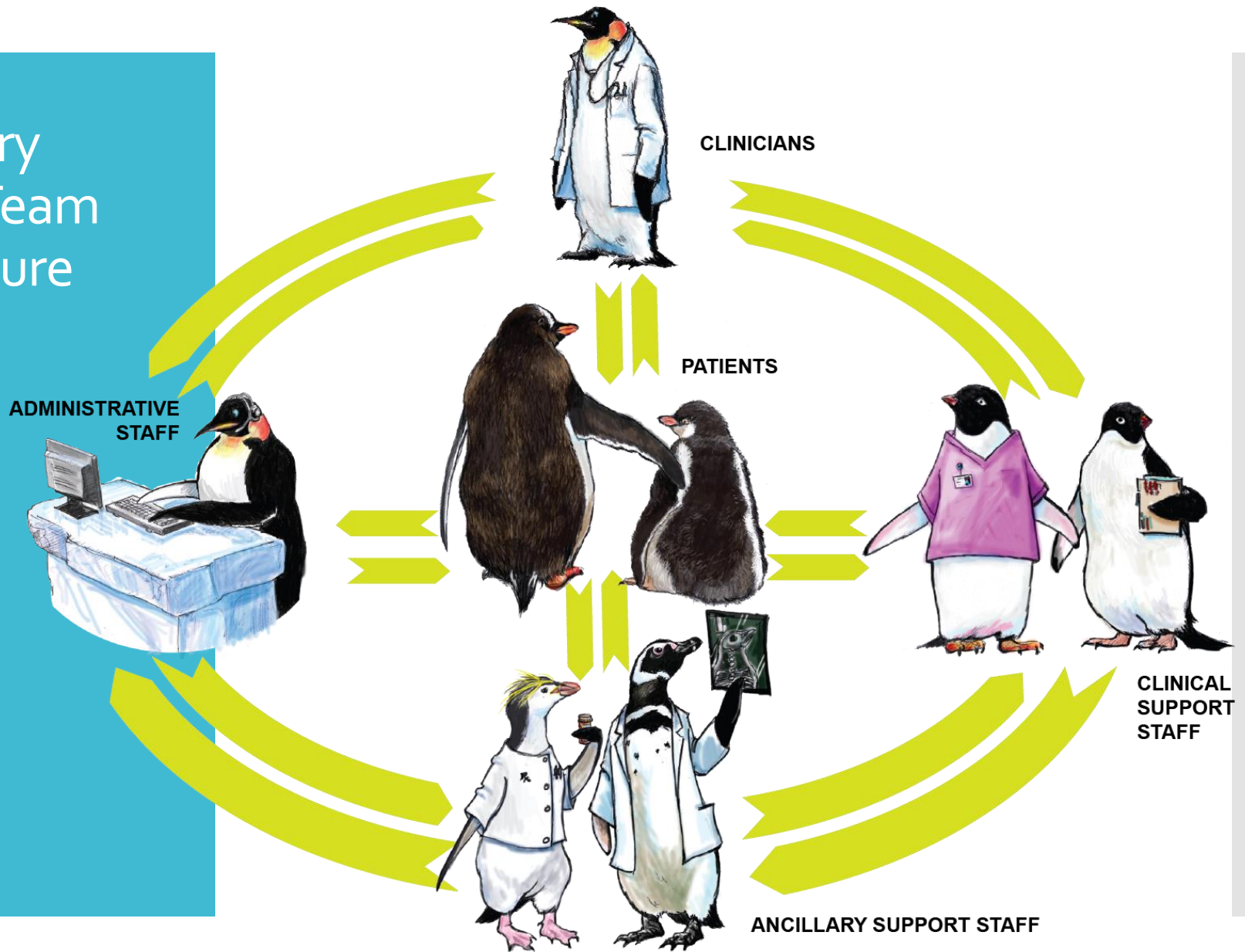
Primary Care Office Environment

- Ducklike Chaos – calm appearing above the water while chaos churns below.
- Primary Care Medical Office
 - Does not conform to a pattern of work.
 - Has many components working together on multiple tasks simultaneously.
 - Treats numerous patients simultaneously.

Why Does Teamwork Matter in Primary Care Offices?

- Better continuity of care, access to care, and patient satisfaction*
 - Higher patient-perceived quality of care†
 - Superior care for diabetes patients‡
- * Stevenson K, Baker R, Farooqi A, et al. Features of primary health care teams associated with successful quality improvement of diabetes care. *Fam Pract* 2001;18:21-26.
 - † Campbell SM, Hann M, Hacker J, et al. Identifying predictors of high-quality care in English general practice: observational study. *BMJ* 2001;323:1-6.
 - ‡ Bower P, Campbell S, Bojke C, et al. Team structure, team climate, and the quality of care in primary care: an observational study. *Qual Saf Health Care* 2003;12:273-9.

Primary Care Team Structure



Important Aspects of a Team

What does it look like?

- Who are the team members?
When do they interact?
- How do they exchange critical patient information?

The Primary Care Team
has all these obstacles to
effective care:

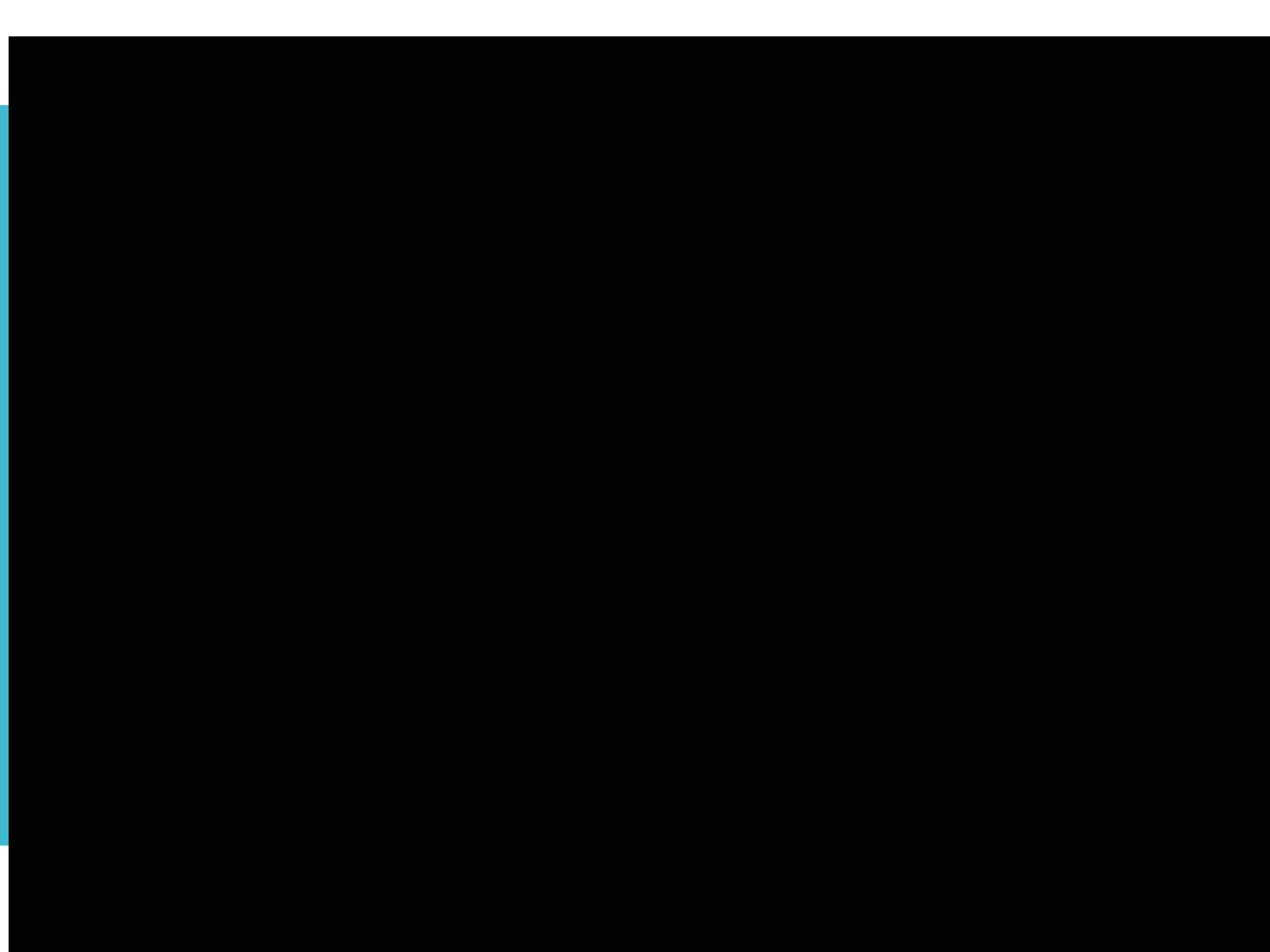
Teamwork & the Primary Care Team



Example of Poorly Functioning Medical Office Team

Let's watch four different
primary care teams in
action.



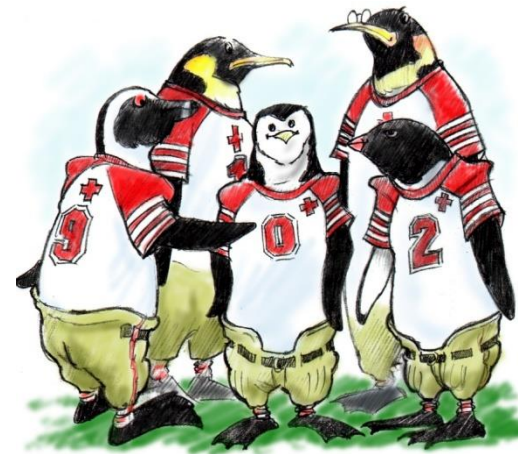
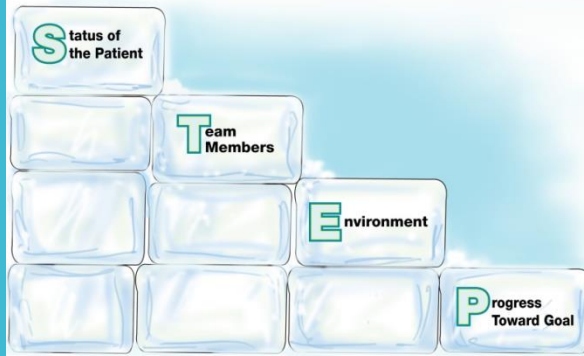


What breakdowns did you see?



Teamwork Strategies for Addressing Breakdowns

STEP



Leadership

Leadership is a process of motivating people to work together collaboratively to accomplish tasks.

- **Shared leadership**
- **Characteristics of effective leadership:**
 - Role modeling and shaping teamwork through open sharing of information
 - Constructive and timely feedback
 - Facilitation of briefs, huddles, debriefs, and conflict resolution

Leadership Strategies

- Briefs – planning
- Huddles – problem solving
- Debriefs – process improvement

**Leaders are responsible to
assemble the team
and facilitate team events**

But remember...

**Anyone can request a brief,
huddle, or debrief.**

Briefs

Planning

- Form the team
- Designate team roles and responsibilities
- Establish climate and goals
- Engage team in short- and long-term planning



Briefing Checklist

TOPIC	
Who is on your team today?	<input checked="" type="checkbox"/>
All members understand and agree upon goals?	<input checked="" type="checkbox"/>
Roles and responsibilities understood?	<input checked="" type="checkbox"/>
Staff availability?	<input checked="" type="checkbox"/>
Workload?	<input checked="" type="checkbox"/>
Available resources?	<input checked="" type="checkbox"/>
Review of the day's patients	<input checked="" type="checkbox"/>

Huddle

Problem Solving

- Hold ad hoc, “touch-base” meetings to regain situation awareness.
- Discuss critical issues and emerging events.
- Anticipate outcomes and likely contingencies.
- Assign resources.
- Express concerns.



Debrief

Process Improvement

- Brief, informal information exchange and feedback sessions.
- Occur after an event or shift.
- Designed to improve teamwork skills.
- Designed to improve outcomes:
 - An accurate reconstruction of key events.
 - Analysis of what worked or did not work and why.
 - What should be done differently next time.
- Recognize good team contributions or catches.

Debrief Checklist



TOPIC

Communication clear?



Situation awareness maintained?



Workload distribution?



Did we ask for or offer assistance?



Were errors made or avoided?



What went well, what should change, what can improve?

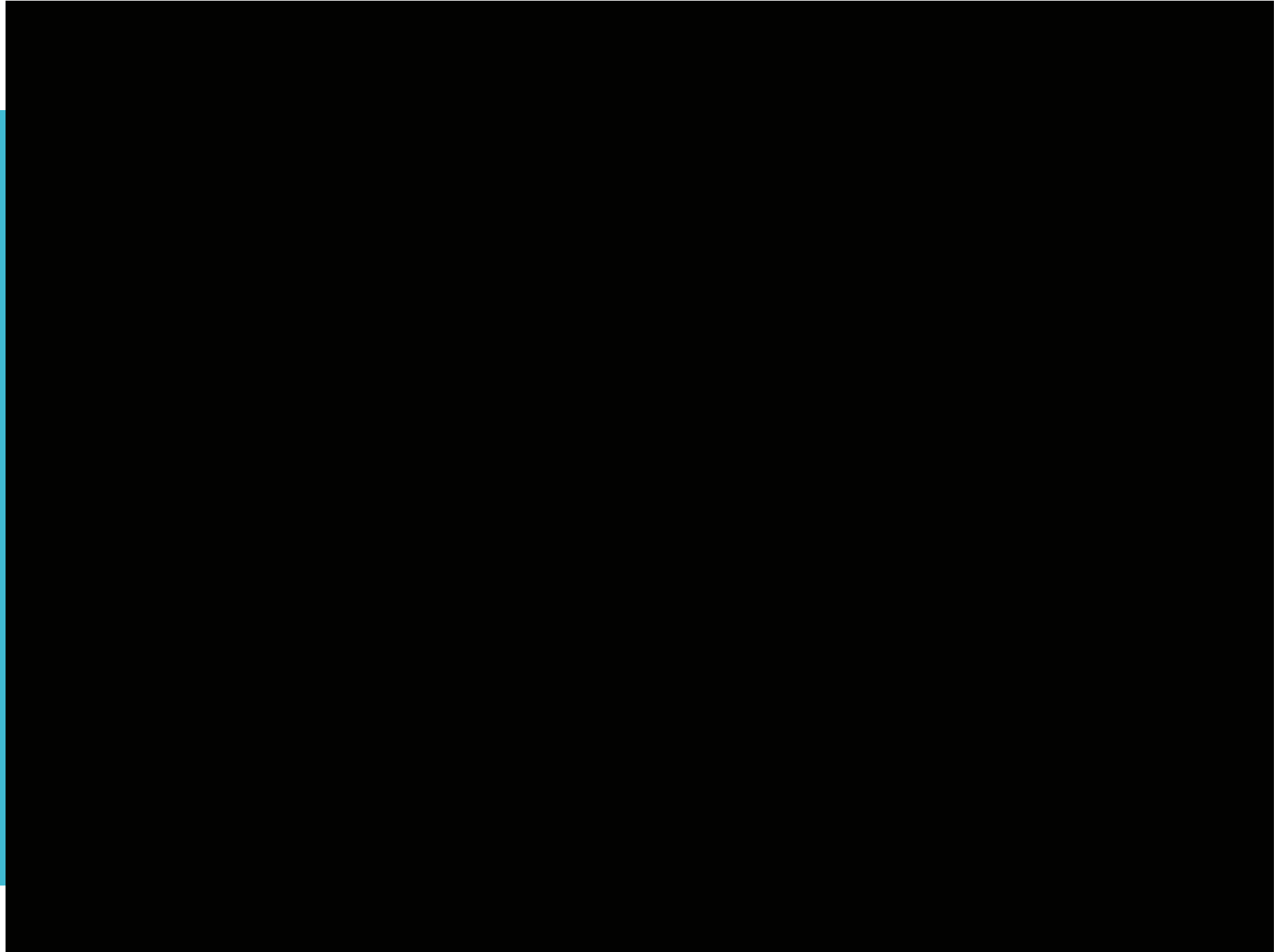


Leadership in the Primary Care Medical Office



Let's watch the first primary care team demonstrate proper team leadership.





Leadership

When thinking about office teams:

- Is there a leadership problem?
- What strategy can be used to overcome it?

Front Office Scenario

Jack is an elderly man who just had cataract surgery and cannot drive. Jack was taken to the clinic by his son for a follow-up on his blood pressure and diabetes. While Jack was in the examination room, his son was called away on an emergency. When Jack finished his appointment and found that his son was not waiting for him, he was very upset. The front desk administrator realized that Jack had no way to get home and called a quick huddle with the nurse and the billing specialist. Together they decided to arrange for a taxi to take Jack home. The front desk administrator then called Jack after he arrived home to make sure all was well.

Leadership

BARRIERS

- Hierarchical Culture
- Lack of Resources or Information
- Ineffective Communication
- Conflict

TOOLS and STRATEGIES

Brief
Huddle
Debrief

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust

Situation Monitoring

Process of *actively scanning* behaviors and actions to assess elements of the situation or environment.

- Fosters mutual respect and team accountability.
- Provides safety net for team and patient.
- Includes cross-monitoring.

...Remember, engage the patient whenever possible.

Cross-Monitoring is...

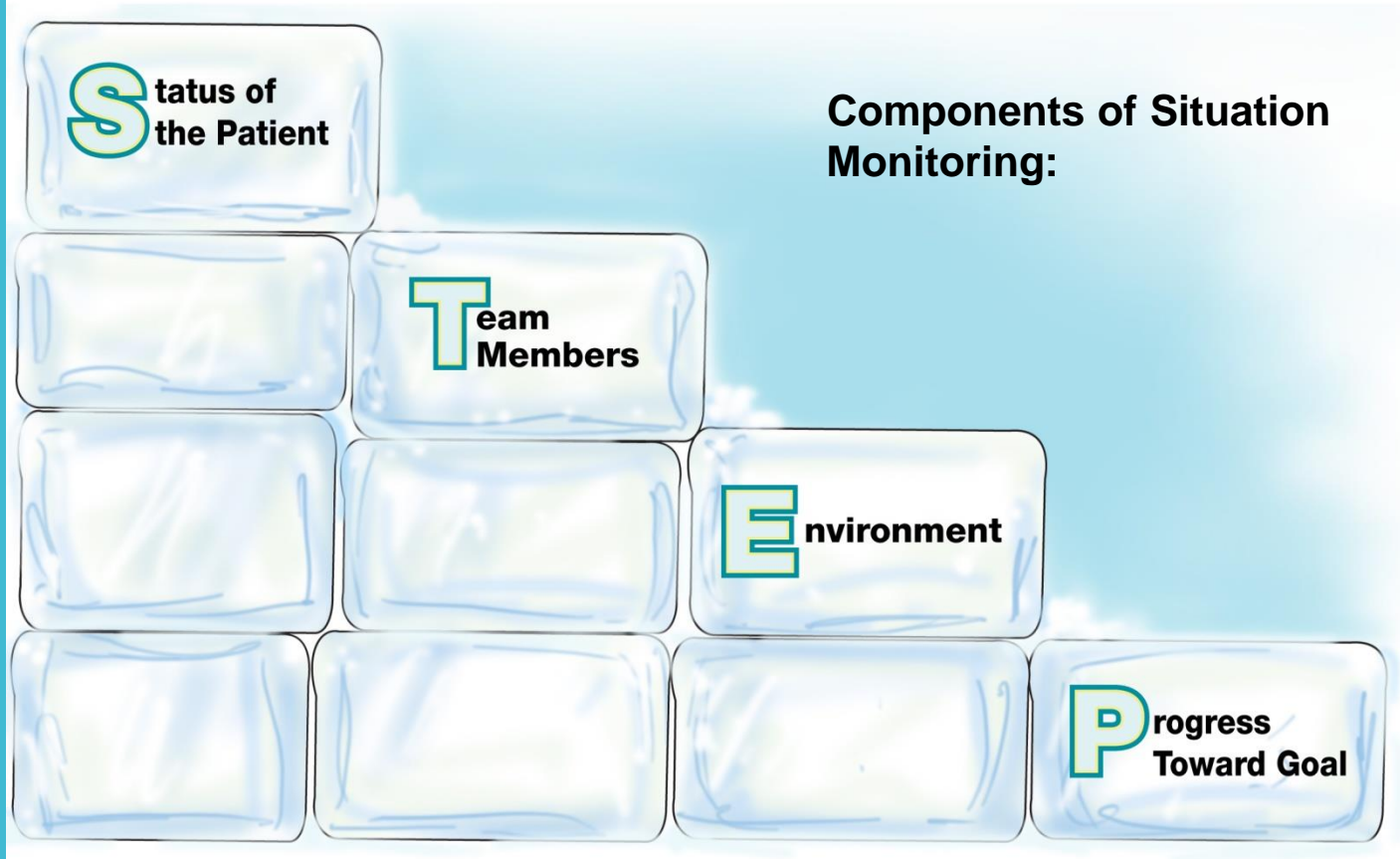
A process of monitoring unfolding actions against the established plan of care to avoid errors.

- Helps maintain accurate situation awareness.
- Way of “watching each other’s back.”
- Gives team members a way to monitor patient care and give constructive feedback.

Mutual performance monitoring has been shown to be an important team competency.

(McIntyre and Salas, 1995)

STEP



Situation Monitoring

Each team member is responsible for assessing his or her own safety status

I'M SAFE Checklist

- I** = Illness
- M** = Medication
- S** = Stress
- A** = Alcohol and Drugs
- F** = Fatigue
- E** = Eating and Elimination

Situation Monitoring in the Primary Care Medical Office

Let's watch the second primary care office demonstrate proper team situation monitoring.



Situation Monitoring

- Thinking about daily office routines:
- Are there barriers to situation monitoring?
- What strategy can be used to overcome them?

Front Office Scenario

Susan was due for a mammogram and the provider ordered it. Upon arrival at the mammography service, Susan was told that she would have to pay for the mammogram, since her insurance company did not cover it. Confused, Susan returned to the primary care clinic and told the administrative assistant that she did not have the money to pay for this. She was especially upset because her mother was a breast cancer survivor. The administrative assistant assessed (1) the status of the situation, that a billing specialist (2) team member was needed, (3) the environment (the patient was upset), and (4) the progress towards the goal (patient was being denied access). The billing specialist then called the insurer and clarified that the insurer had the wrong dates and Susan's mammogram was due. The insurer realized their error and covered the mammogram.

Situation Monitoring

BARRIERS

- Hierarchical Culture
- Lack of Resources or Information
- Ineffective Communication
- Conflict
- Time
- Distractions
- Workload
- Fatigue
- Misinterpretation of Data
- Failure To Share Information

TOOLS and STRATEGIES

Brief
Huddle
Debrief
STEP
Cross-Monitoring

OUTCOMES

- Situation Awareness
- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust

Mutual Support

Mutual support is the essence of teamwork:

- It includes the ability to anticipate the needs of other team members through knowledge of their tasks and responsibilities.
- It protects team members from work overload situations that may reduce effectiveness and increase the risk of error.

Task Assistance

Team members foster a climate in which it is expected that assistance will be actively *sought* and *offered* as a method for reducing the occurrence of error.

*"In support of patient safety,
it's expected!"*

What Is Feedback?

“Feedback is the giving,
seeking,
and receiving of performance-
related
information among the
members of a team.”

(Dickinson and McIntyre, 1997)

Types of Feedback

- **Can be formal or informal.**
- **Constructive feedback:**
 - **Is considerate and task specific and focuses attention on performance and away from the individual.***
 - **Is provided by all team members.**
- **Evaluative feedback:**
 - **Helps the individual by comparing behavior to standards or to the individual's own past performance.†**
 - **Most often used by an individual in a coaching or mentoring role.**

• * Baron RA. Negative effects of destructive criticism: impact on conflict, self-efficacy, and task performance. J Appl Psychol 1988 May;73(2):199-207.

• † London M, Larson H, Thisted L. Relationships between feedback and self-development. Group Org Manage 1999;24(1):5-27.

Characteristics of Effective Feedback

Good Feedback is—

- TIMELY
- RESPECTFUL
- SPECIFIC
- DIRECTED toward improvement
 - Helps prevent the same problem from occurring in the future
- CONSIDERATE

"Feedback is where the learning occurs."

Advocacy and Assertion

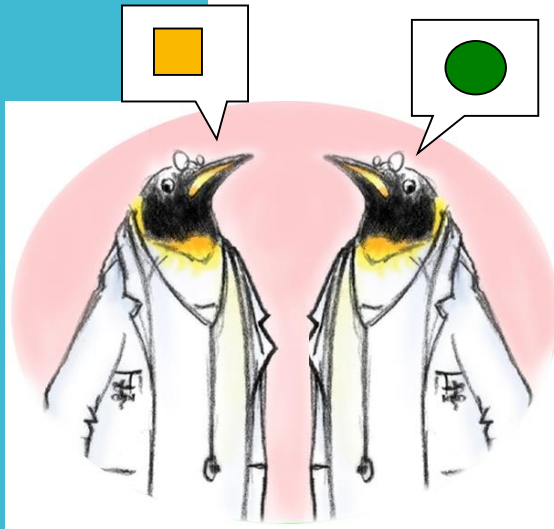
- Advocate for the patient.
- Invoked when team members' viewpoints don't coincide with that of a decision-maker.
- Assert a corrective action in a *firm* and *respectful* manner.



The Assertive Statement

- Respect and support authority.
- Clearly assert concerns and suggestions.
- Use an assertive statement (**non-threatening and ensures that critical information is addressed**).
 - Make an opening.
 - State your concern.
 - Explain the problem.
 - Offer a solution.
 - Reach an agreement.

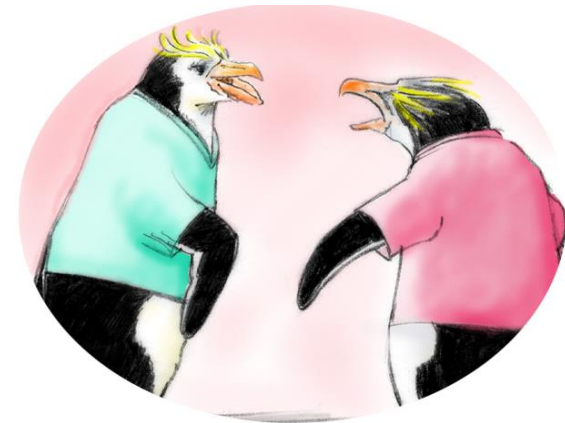
Conflict Resolution Options



Information Conflict
(We have different information!)



Two-Challenge rule

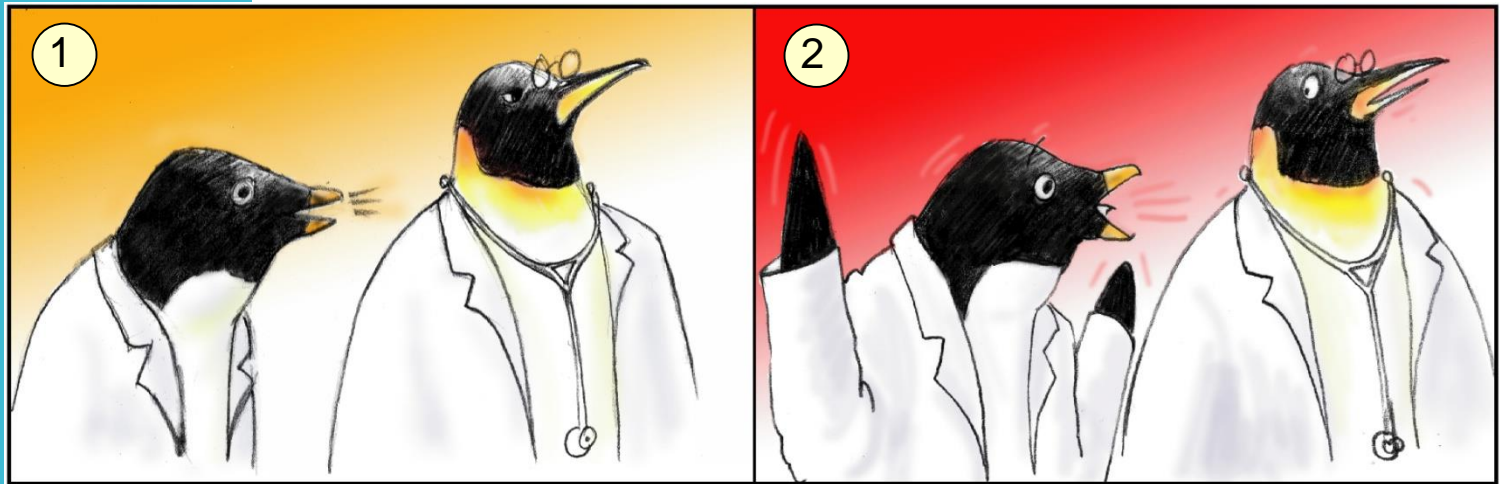


Personal Conflict
(Hostile and harassing behavior)



DESC script

Two-Challenge Rule



Two-Challenge Rule

Invoked when an initial assertion is ignored...

- 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 chain of command.

Please Use CUS Words - but *only* when appropriate!

I am **C**oncerned!

C



I am **U**ncomfortable!

U



This is a **S**afety Issue

S

STOP!



Conflict Resolution

DESC Script

A constructive approach for managing and resolving conflict

D—Describe the specific situation

E—Express your concerns about the action

S—Suggest other alternatives

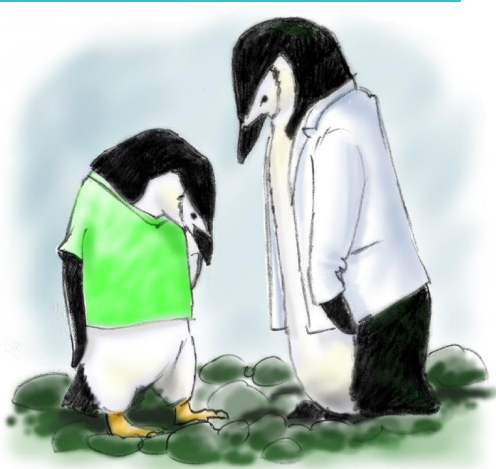
C—Consequences should be stated

Ultimately, consensus will be reached.

DESC-It

Let's "DESC-It!"

- Have timely discussion
- Frame problem in terms of your own experience
- Use "I" statements to minimize defensiveness
- Avoid blaming statements
- Remember: Critique is not criticism
- Focus on what is right, not who is right



Ineffective Approaches to Conflict Resolution

Often used to manage conflict; however, typically do not result in the best outcome—

- **Compromise—Both parties settle for less.**
- **Avoidance—Issues are ignored or sidestepped.**
- **Accommodation—Focus is on preserving relationships.**
- **Dominance—Conflicts are managed through directives for change.**

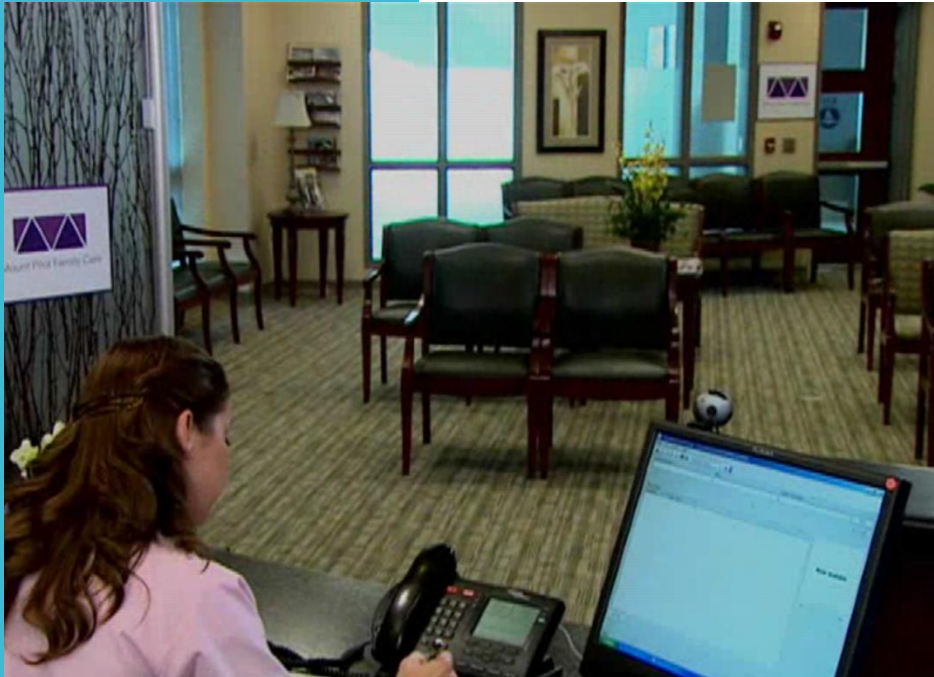


Collaboration

- Achieves a mutually satisfying solution resulting in the best outcome.
 - All Win: Patient Care Team (team members, the team, and the patient).
 - Includes commitment to a common mission.
- Meets goals without compromising relationships.

“True collaboration is a process, not an event.”

Mutual Support in the Primary Care Medical Office



Let's watch the third primary care office demonstrate proper team mutual support.



When thinking about an office team:

- Is there a problem with mutual support?
- What strategy can be used to overcome it?

Front Office Scenario

Your clinic has a rule that patients will still be seen if they arrive within a 30-minute window of their appointment. Greg arrives 5 minutes past the window and sincerely apologizes for being late. The administrative assistant tells Greg that he will simply have to reschedule the appointment for a later time. The patient advocate overhears this and pulls the administrative assistant aside. She agrees that Greg should be rescheduled according to the clinic's rules, but she explains to the administrative assistant that he lives very far away and relies on friends and family to transport him to doctor's visits and that all efforts should be made to see him today. The administrative assistant appreciates this information and the fact that the advocate pulled him aside to tell him. The administrative assistant ensures that Greg will be seen today.

Mutual Support

BARRIERS

- Hierarchical Culture
- Lack of Resources or Information
- Ineffective Communication
- Conflict
- Time
- Distractions
- Workload
- Fatigue
- Misinterpretation of Data
- Failure To Share Information
- Defensiveness
- Conventional Thinking

TOOLS and STRATEGIES

Brief
Huddle
Debrief
STEP
Cross-Monitoring
Feedback
Advocacy and Assertion
Two-Challenge
Rule
CUS
DESC Script
Collaboration

OUTCOMES

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

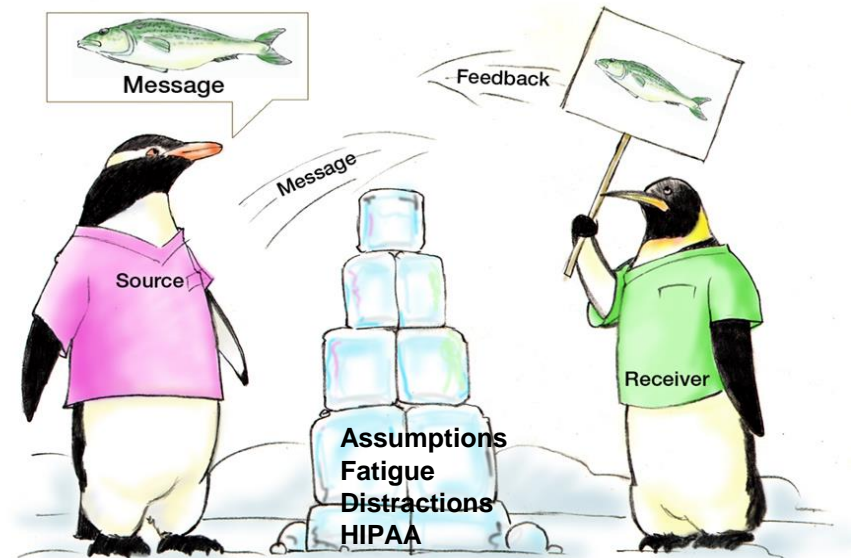
Communication

“The process by which information is clearly and accurately exchanged between two or more team members in the prescribed manner and with proper terminology and the ability to clarify or acknowledge the receipt of information.”

Cannon-Bowers JA, Tannenbaum SI, Salas E, et al. Defining competencies and establishing team training requirements. In Guzzo RA, Salas E, and associates, eds. Team effectiveness and decision-making in organizations. San Francisco: Jossey-Bass; 1995. p. 333.

Communication is...

- The process by which information is exchanged between individuals, departments, or organizations.
- The lifeline between the patient and any member of the team.
- Effective when it permeates every aspect of an organization.



SBAR provides...

- A framework for team members to effectively communicate information to one another:
 - Situation—What is going on with the patient?
 - Background—What is the clinical background or context?
 - Assessment—What do I think the problem is?
 - Recommendation/Request —What would I recommend? What do I need from you?
- SBAR's adaptability is encouraged – make this work for your team!

Handoff

The transfer of information (along with authority and responsibility) during transitions in care across the continuum; to include an opportunity to ask questions, clarify, and confirm.

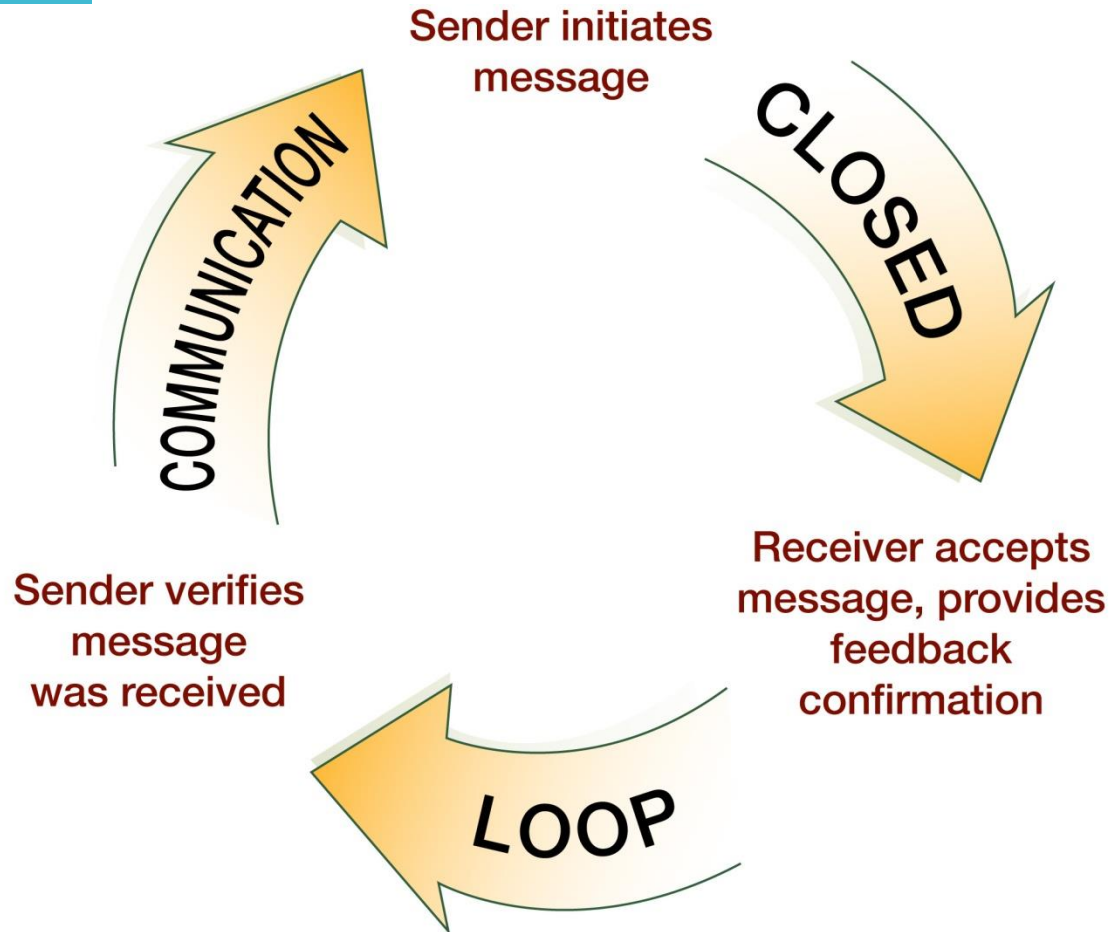


Handoff

- Optimized Information
- Responsibility– Accountability
- Uncertainty
- Verbal Structure
- Checklists
- Acknowledgment

Great opportunity for quality and safety.

Check-Back is...



Communication in the Primary Care Medical Office



Let's watch the fourth primary care office demonstrate proper team communication.





Communication

When thinking about an office team:

- What are opportunities to improve communication in the office?
- What strategies could be used to overcome communication breakdowns?



Front Office Scenario

For some unknown reason, the electronic health records system was not functioning and the staff had to transition to writing paper notes. Alice had an appointment for follow-up of labs and x-rays. Since there was no way to access the diagnostic data, the provider asked the administrative assistant to call both the laboratory and the radiology service to get the results via telephone. The administrative assistant called and explained the situation, the background, and the assessment, and requested the necessary information. This method of communication expedited the transfer of information from the radiology technician to the administrative assistant. The provider was then able to see Alice on time and discuss her lab and x-ray results.

Patient- and Family-Centered Care

Primary care teams should:

- Hear the patient's stories, be open and honest with them, and take action with them.
- Respect the patient and family as the central hub of the care team.
- Make sure patients share fully in decision-making.
- Speak to patients in a way they can understand and enable them to feel empowered to be in control of their care.

Equipping the Patient

- Improving health care quality is a team effort.
- Patients can improve their care and the care of their loved ones by taking an active role in the process.
- Encourage patients to ask questions, understand their condition, and evaluate their options.
- The AHRQ Web site “Questions Are the Answer” is a great resource for patients and families on what questions to ask their providers: www.ahrq.gov/questionsaretheanswer/

Equipping the Patient

Questions Your Patients Should Ask

What is the test for?

When will I get the results?

Why do I need this treatment?

Are there any alternatives?

What are the possible complications?

Which hospital is best for my needs?

How do you spell the name of that drug?

Are there any side effects?

Patient-Centered Scenario

Janet brought her 6-year-old son to Dr. Lee's office with sore throat and a fever. After a quick strep test, Dr. Lee diagnosed him as having strep throat. Dr. Lee ordered amoxicillin 250 mg 3 times a day for 10 days. Janet said, "I really hate to give him medications; can we wait to see if it will go away by itself?" Dr. Lee said, "Janet, strep throat is serious and can lead to rheumatic fever, which can cause inflammation of his heart and permanent heart murmur – he needs to take this medicine." Janet looked very alarmed but said nothing else and simply thanked Dr. Lee as he walked out. Jill, the medical assistant who remained in the room with them, asked Janet if she had any questions. Janet said she couldn't think of any. Jill knew the importance of working with the patient and family to involve them in the plan of care. ***She encouraged Janet to discuss any concerns and always ask questions.***

How can Jill help Janet address her concerns?

What are some questions Jill can help Janet think about?

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 Followup 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
Check-Back
Handoff

OUTCOMES

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

Thank you!

Website: www.flhealthinnovation.org

Email: info@flhealthinnovation.org

Twitter: [@flhealthinnova](https://twitter.com/flhealthinnova)