Transforming ED Teamwork to Achieve Great Results and Other Lessons Learned for Success

AHA Team Training Monthly Webinar

3/14/2018

AHA Education

AHA Education | AHA Team Training

RULES OF ENGAGEMENT

- Audio for the webinar can be accessed in two ways:
  - Through the phone (*Please mute your computer speakers) or
  - Through your computer
- A Q&A session will be held at the end of the presentation
  - Written questions are encouraged throughout the presentation and will be answered during the Q&A session
  - To submit a question, type it into the Chat Area and send it at any time during the presentation
- An evaluation will be sent to your email after the webinar

UPCOMING TEAM TRAINING EVENTS

- April 11 Webinar
  - DOCTORS and NURSES and MEDICS – Oh MY! Using TeamSTEPPS and Collaborative Gaming to Enhance Teamwork and Communication
  - Free to register
- Want to present on a webinar? Submit your proposal today!
- 2018 Master Training Courses registration now open

TEAM TRAINING NATIONAL CONFERENCE: JUNE 20-22 IN SAN DIEGO

- Take advantage of the early bird registration rate – ends March 30
- Utilize the SBAR justification letter
- Program
  - 3 pre-conference workshops
  - 1 Master Training Course
  - 27 breakout sessions
  - Networking and poster events
  - 3 keynote speakers

CONTACT INFORMATION

Web: www.aha.org/teamtraining

Email: TeamTraining@aha.org

Phone: 312-422-2609

TODAY'S PRESENTERS

Tanveer Gaibi MD, FACEP
Chairman Emergency Medicine
Inova Fairfax Medical Campus
Tanveer.gaibi@inova.org

Kathy Helak, MSN, RN, FACHE
Senior Director, Patient Safety
Inova Health System
Kathy.helak@inova.org

Rishi Garg, MD
Associate CMO
Inova Fairfax Medical Campus
Rishi.garg@inova.org

TODAY'S OBJECTIVES

Objective # 1: Understand effective and practical application of TeamSTEPPS in the Emergency Department to improve the management of Sepsis.

Objective # 2: Understand effective methods for engaging clinicians and applying TeamSTEPPS training between departments.

Objective # 3: Understand leadership essentials for successful TeamSTEPPS integration into practice.

ABSTRACT

At Inova Fairfax Medical Campus (IFMC), we have created an environment where all staff and physicians embrace TeamSTEPPS and connect it to improving patient care. Effective communication across disciplines is essential to our key results for an “exceptional patient experience” and “a great place to work” as well as our journey to High Reliability to prevent harm to patients. Join us on Wednesday, March 14, 2018 from 1:00 to 2:00 p.m. ET for a webinar titled, **Transforming ED Teamwork to Achieve Great Results and Other Lessons Learned for Success.** This webinar will share two successful initiatives involving a Level 1 Trauma Emergency Department as well as key lessons learned with deployment of TeamSTEPPS in a large medical center. Dr. Tanveer Gaibi, MD, Chairman of Emergency Medicine will present the collaborative leadership model for teamwork and improved patient outcomes in the care of sepsis patients. Dr. Rishi Garg, MD, Associate Chief Medical Officer will present the “Cross-Department Collaboration” program developed between the Emergency Department and Hospitalists using TeamSTEPPS and clinical simulation to improve communication and collaboration for patient care. Success with these and all TeamSTEPPS programs requires strong leadership engagement at every level of the organization. Kathy Helak, MSN, RN, FACHE, Senior Director, Patient Safety, Inova Health System, will share lessons learned and essentials for leadership success and integration into practice.

ABOUT INOVA HEALTH SYSTEM

INOVA HEALTH SYSTEM

Inova is a not-for-profit healthcare system with a wide variety of integrated health services that serves the Northern Virginia and Washington, DC, metro area

5 ACUTE CARE HOSPITALS

5,000+ Nurses

4,600+ Affiliated Physicians

15,000+ Employees

2,000,000+

PATIENTS

SERVED ANNUALLY

INOVA FAIRFAX MEDICAL CAMPUS

876 licensed-bed Regional Medical Center with Level 1 Trauma Services

Large teaching hospital with affiliated medical, pharmacy, and nursing schools

Campus includes Med-Surg Towers, Inova Heart and Vascular Institute, Inova Women's Hospital, and Inova Children's Hospital

AN IMPETUS TO CHANGE THE ED CULTURE

Patient presented to IFMC's ED with fever, altered mental status, and sepsis. Patient not at baseline neurologically and was agitated and irritable. Multiple attempts were made by RN to stress how sick this patient was (beginning with an elevated initial lactic acid level) but MD did not respond, thus delaying treatment.

ED LEADER ROAD TRIP

AIM: Division of Emergency Services to complete TeamSTEPPS training during Q3 2016

- Mandatory training for every Physician and Staff Member assigned to ED
- Focused operational plan for management of Sepsis patients

OPERATIONALIZING TEAMSTEPPS INTO DAILY PRACTICE

- A way to standardize our treatment to sepsis using evidence based medicine
- Develop mutual support and re-establish situational awareness around this group of patients
- Platform to allow members of the team to speak up and feel empowered

INOVA FAIRFAX ED SEPSIS HUDDLE CHECKLIST

Suspected infection +Evidence of End Organ Damage
(SBP <90, lactate >2, Creat>2, Bili >2, Plat <100K, INR >1.5)
Time of first evidence of end organ damage:_____
3 hr End Time:_____
PROVIDER - NURSE HUDDLE REQUIRED

Patient Sticker

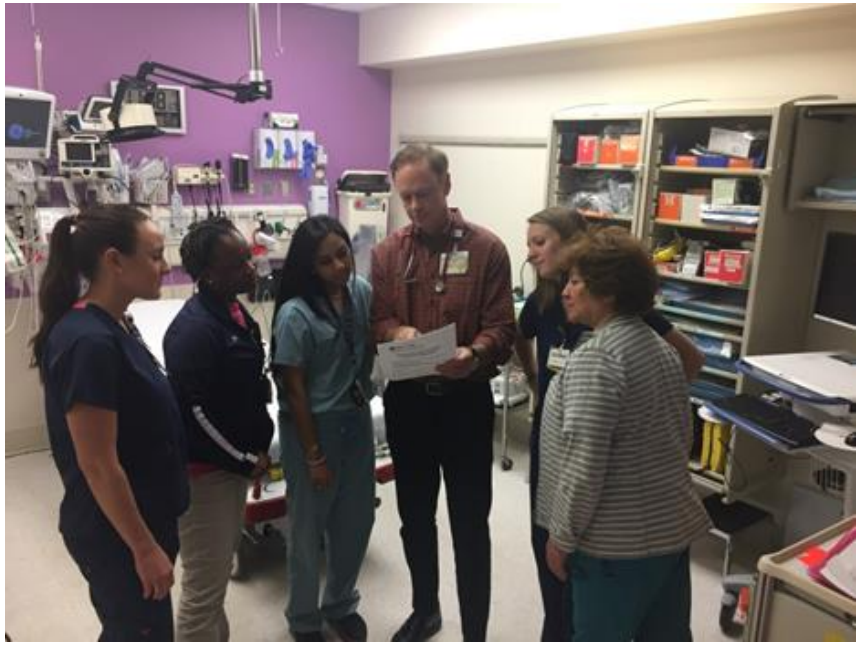
☐ Check here if end organ damage not thought due to infection

SEVERE SEPSIS or SEPTIC SHOCK Suspected infection +Evidence of End Organ Damage do the following	Done
1. Repeat Lactate ~ 1 hr after beginning fluids	
2. Draw 2 set of blood cultures *before starting antibiotics*	
3. Start appropriate antibiotics - hang vanco last ***intial antibiotics must be started within 3 hr time window ***	
4. IVF - Bolus 30ml/kg and complete within 3 hrs. **Ensure weight recorded in EPIC.* **Alert MD when fluids complete* **Document at least 2 BP's within an hour of bolus completion.* *If patient becomes fluid overloaded, stop IVF, alert MD and document in chart.	
If initial lactate >4 or patient remains with BP <90 after IVF patient is now in SEPTIC SHOCK in addition to above you must now:	
1. Initiate pressors for SBP <90 or Map <65 on 2 successive readings *use norepinephrine 2-20/mcg/min IV and titrate Map >65. *provider must document volume status	
2. Provider must document volume status and tissue perfusion exam. *This must be timed with 60min after the documented fluid completetion time.	

Sepsis Team Names:
Provider:_____ **EMT:** _____
ED RN:_____ **Receiving RN:** _____

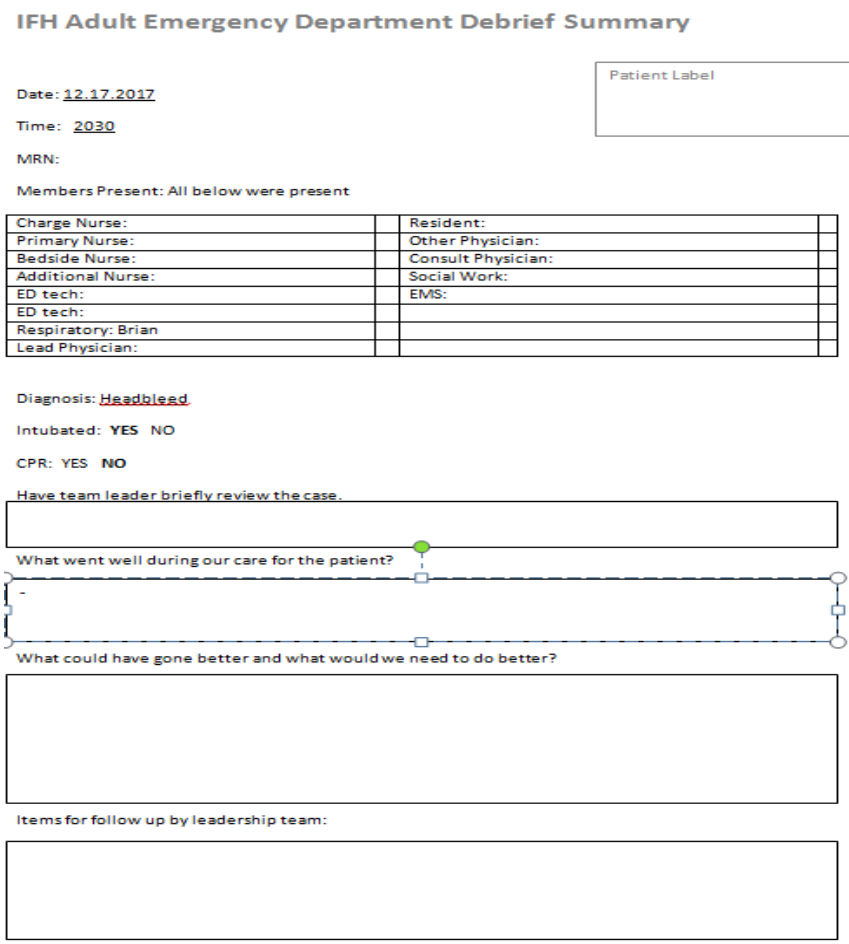
Huddle and form mandatory for all cases of severe sepsis or shock. Place completed forms at pharmacy desk on South and NTL desk on North. Thank you for your help. Your patients appreciate it!

TEAMWORK



- This is an example of our pediatric ED huddle
- Engagement scores in our ED have doubled
- Staff more active in finding solutions to problems

KEEPING THE MOMENTUM GOING WITH DEBRIEFS



IFH Adult Emergency Department Debrief Summary

Patient Label

Date: 12.17.2017

Time: 2030

MRN:

Members Present: All below were present

Charge Nurse:		Resident:	
Primary Nurse:		Other Physician:	
Bedside Nurse:		Consult Physician:	
Additional Nurse:		Social Work:	
ED tech:		EMS:	
ED tech:			
Respiratory: Brian			
Lead Physician:			

Diagnosis: Headbleed

Intubated: **YES** NO

CPR: YES **NO**

Have team leader briefly review the case.

What went well during our care for the patient?

-

What could have gone better and what would we need to do better?

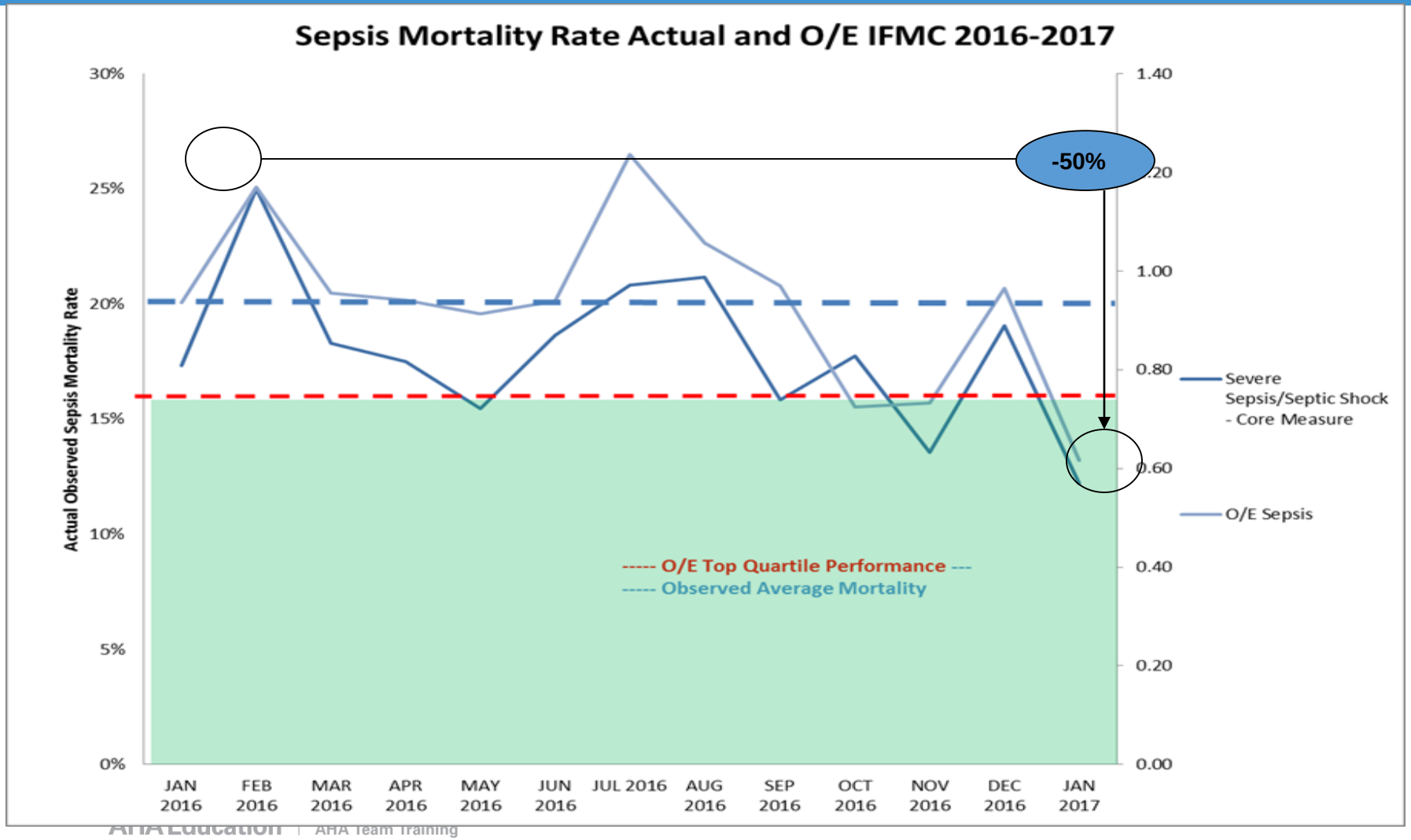
Items for follow up by leadership team:

AHA Education | AHA Team Training

- STEMI Nurse debriefed with us to create a Shared Mental Model for cardiac cath patients
- Debriefing after ICU case led to Intensivist Huddles with us when they come down to re-establish Situational Awareness
- Debrief after code led us to huddle before cardiac arrest to know who is responsible for what task

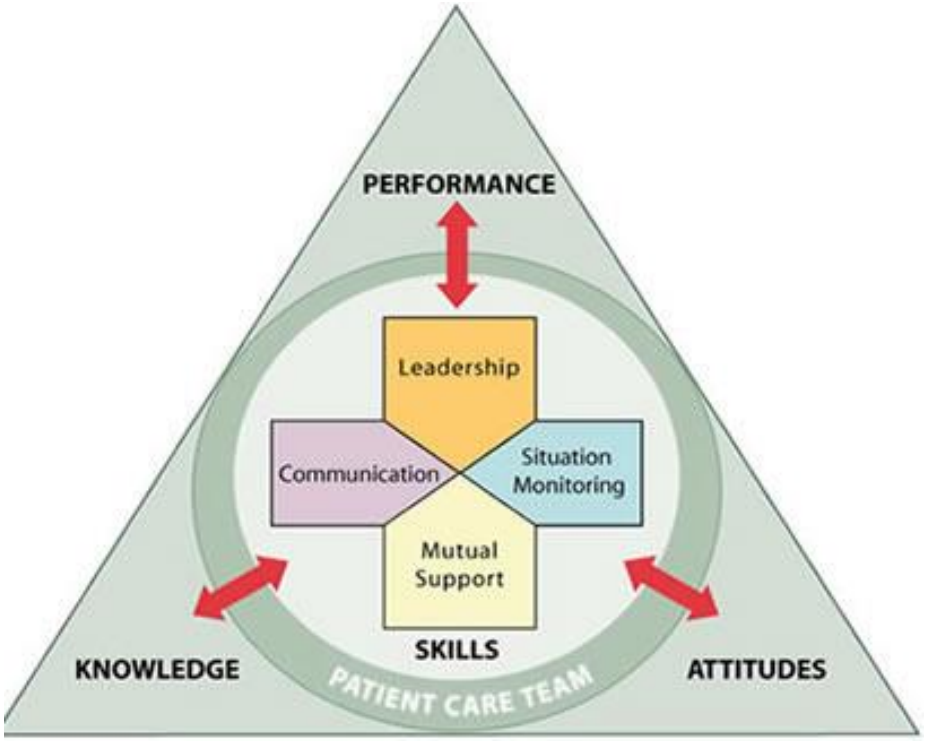
All emails involving staff interactions begin with what TeamSTEPPS tools were utilized.

IMPROVING PATIENT OUTCOMES
SEPSIS MORTALITY



SECRETS TO OUR SUCCESS

- **Teamwork**
- **Coaching**
- **Accountability**



ED-HOSPITALIST COMMUNICATIONS

IS THERE A PROBLEM?

Most Frequently Identified Root Causes of Sentinel Events Reviewed by The Joint Commission by Year

The majority of events have multiple root causes
(Please refer to subcategories listed on slides 5-7)

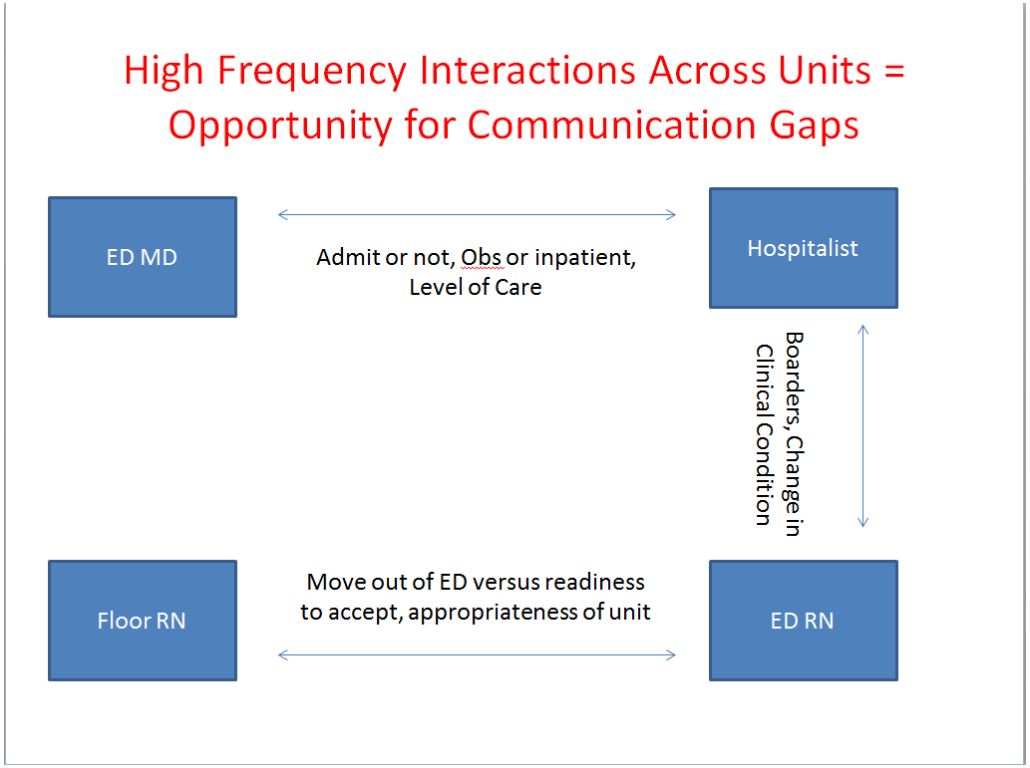
2013 (N=887)		2014 (N=764)		2015 (N=936)	
Human Factors	635	Human Factors	547	Human Factors	999
Communication	563	Leadership	517	Leadership	849
Leadership	547	Communication	489	Communication	744
Assessment	505	Assessment	392	Assessment	545
Information Management	155	Physical Environment	115	Physical Environment	202
Physical Environment	138	Information Management	72	Health information technology-related	125
Care Planning	103	Care Planning	72	Care Planning	75
Continuum of Care	97	Health Information Technology-related	59	Operative Care	62
Medication Use	77	Operative Care	58	Medication Use	60
Operative Care	76	Continuum of Care	57	Information Management	52

The reporting of most sentinel events to The Joint Commission is voluntary and represents only a small proportion of actual events. Therefore, these root cause data are not an epidemiologic data set and no conclusions should be drawn about the actual relative frequency of root causes or trends in root causes over time.

The Joint Commission

Office of Quality and Patient Safety - 8

COMMUNICATION GAPS



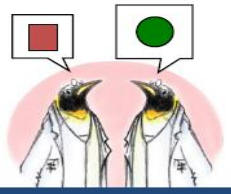
2x's greater likelihood that cross-disciplinary exchanges will result in a communication failure vs intra-disciplinary communication

1. Have you received training on TeamSTEPPS at IFMC?
2. How frequently do you work with the emergency department team (or hospitalist team (physicians and/or nurses)?
3. ED and Hospitalist physicians work well together to provide the best care for patients.
4. It is often unpleasant to work with ED/Hospitalist physicians.

CUSTOMIZED COURSE

TeamSTEPPS®

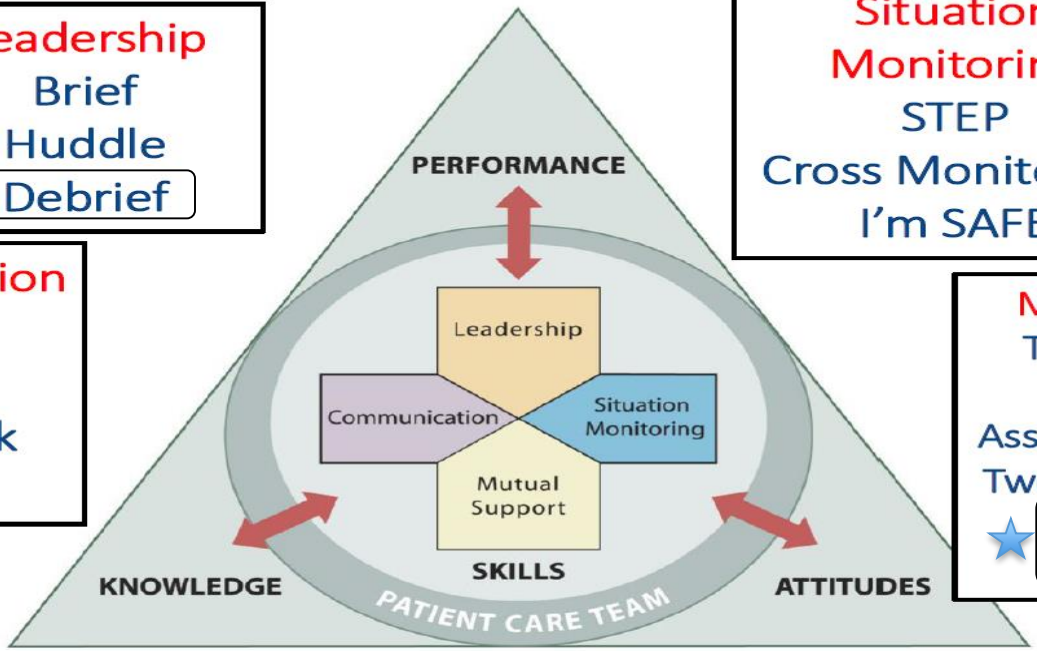
TeamSTEPPS is an evidence-based teamwork system aimed at optimizing patient outcomes by improving communication and other teamwork skills among healthcare professionals.



Team Strategies & Tools to Enhance Performance and Patient Safety

Leadership
- Brief
- Huddle
- ★ Debrief

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



Situation Monitoring
- STEP
- Cross Monitoring
- I'm SAFE

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

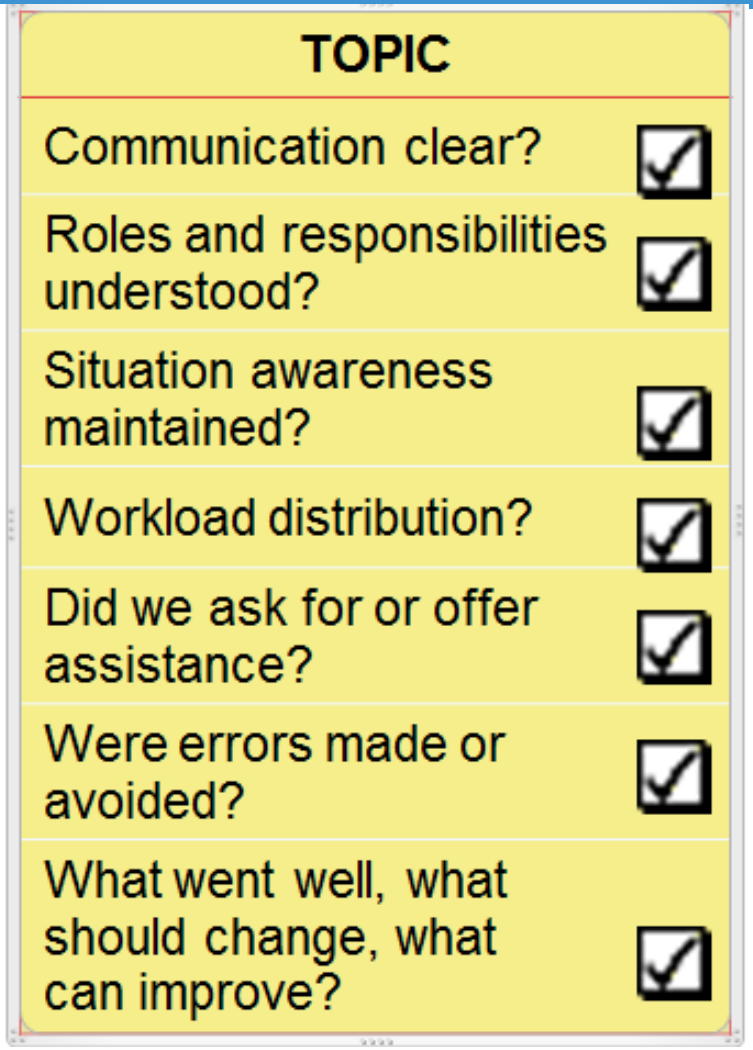
INOVA

USING SIMULATION IS HIGHLY EFFECTIVE

Inova Center for Advanced Simulation:

- Team roles included bedside RN, ED physician, Hospitalist, Floor RN
- Simulated patient, with changing vital signs and condition
- Scenario involved a septic patient, with disagreement in initial triage between physicians, then further disagreement between nursing as the patient's condition worsened
- Individual participants played opposite roles than their actual role, i.e., ED physician functioned as hospitalist, ED RN functioned as floor RN, providing perspective of their counterparts
- Conspirators used to challenge the group

TEAM DEBRIEF



RESULTS

1. ED/hospitalists reporting improved communications
2. DESC tool and debrief utilized in negative interactions
3. Improved levels of stress and cooperation since the course

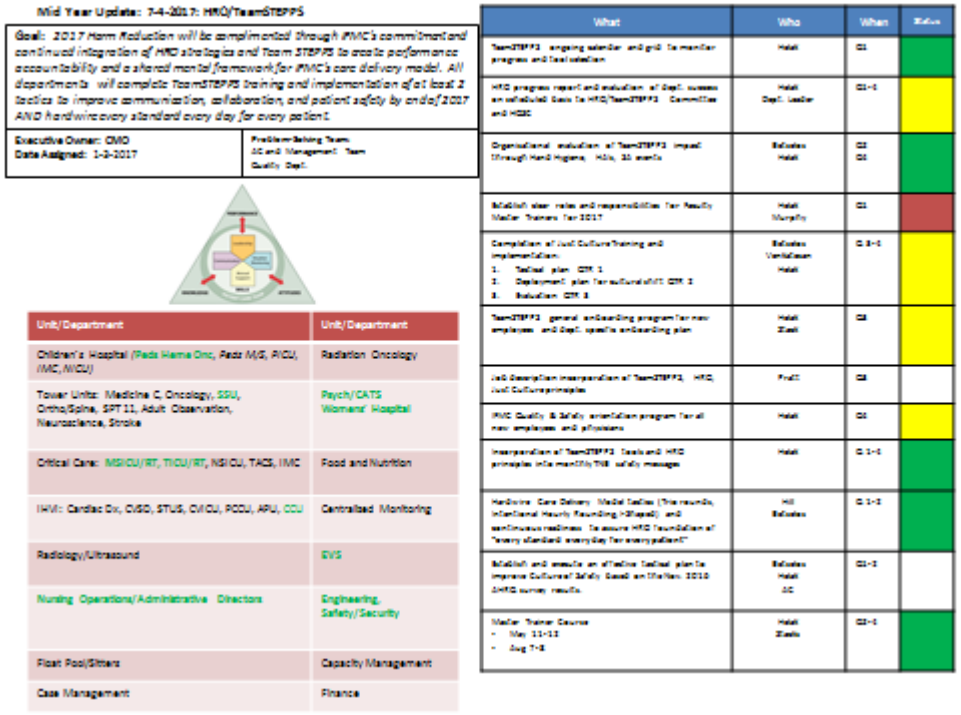
IFMC Next Steps:

- More cross-discipline TeamSTEPPS training for high-stress interactions (i.e., ED-ICU, OR-PACU, etc.)
- Further use of Simulation lab and activities to conduct future trainings

LESSONS LEARNED- LEADERSHIP ESSENTIALS

Executive:

- Expectations/ strategic goal
- Budget
- Presence and role modeling the way
- Master trainers programs



Mid Year Update: 7-4-2017: HRO/TeamSTEPPS

Goal: *2017 Harm Reduction will be complimented through HMC's commitment and continual integration of HRO strategies and Team STEPPS to create performance accountability and a shared mental framework for HMC's care delivery model. All departments will complete TeamSTEPPS training and implementation of at least 2 tactics to improve communication, collaboration, and patient safety by end of 2017 AND hardwire every standard every day for every patient.*

Executive Owner: CMO Date Assigned: 1-3-2017	Problem Solving Team: ICC and Management Team Quality Dept.

Unit/Department	Unit/Department
Children's Hospital (Peds Hema Onc, Peds M/S, PICU, IMC, NICU)	Radiation Oncology
Tower Units: Medicine C, Oncology, SDU, Ortho/Spine, SPT 11, Adult Observation, Neuroscience, Stroke	Psych/CATS Womens' Hospital
Critical Care: MSICU/RT, TICU/RT, NSICU, TACS, IMC	Food and Nutrition
HMH: Cardiac Dx, CVSD, STUS, CVICU, PCCU, APU, CCU	Centralized Monitoring
Radiology/Ultrasound	EVS
Nursing Operations/Administrative Directors	Engineering, Safety/Security
Float Pool/Sitters	Capacity Management
Case Management	Finance

What	Who	When	Status
TeamSTEPPS ongoing scheduler and grid to monitor progress and tool selection	Heidi	Q1	
HRO progress report and evaluation of Dept. success on scheduled items to HRO/TeamSTEPPS Committee and HSSC	Heidi Dept. Leader	Q1-4	
Organizational evaluation of TeamSTEPPS impact through Hand Hygiene, Falls, SI events	Bellevies Heidi	Q2 Q4	
Establish clear roles and responsibilities for Faculty Master Trainers for 2017	Heidi Murphy	Q1	
Completion of Just Culture Training and implementation: 1. Tactical plan QTR 1 2. Deployment plan for cultural shift QTR 2 3. Evaluation QTR 3	Bellevies VanGelderen Heidi	Q 1-4	
TeamSTEPPS general onboarding program for new employees and Dept. specific onboarding plan	Heidi Zlaski	Q2	
JuST Description incorporation of TeamSTEPPS, HRO, Just Culture principles	FruIT	Q2	
HMC Quality & Safety orientation program for all new employees and physicians	Heidi	Q4	
Incorporation of TeamSTEPPS tools and HRO principles into monthly TNB safety messages	Heidi	Q 1-4	
Hardwire Care Delivery Model tactics (Tier rounds, Intentional Hourly Rounding (=Bleed) and continuous readiness to ensure HRO foundation of "every standard every day for every patient"	Hill Bellevies	Q 1-2	
Establish and execute on effective tactical plan to improve Cultures of Safety based on the Nov. 2016 AHRQ survey results	Bellevies Heidi SC	Q1-2	
Master Trainer Course - May 11-12 - Aug 7-8	Heidi Zlaski	Q2-4	

LESSONS LEARNED- LEADERSHIP ESSENTIALS

Dept. Managers:

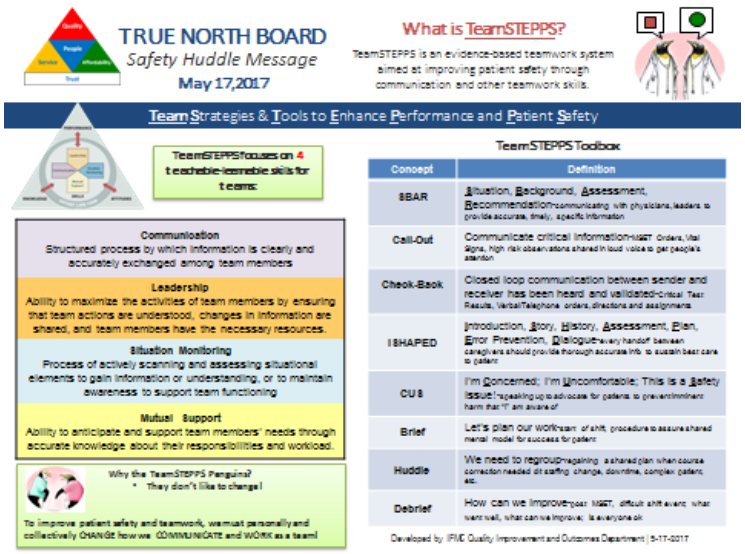
- Readiness
- Preparing team for the journey
- Creating excitement and energy
- Thinking through operational plan post training/workflow opportunities
  - daily huddles
  - onboarding new staff

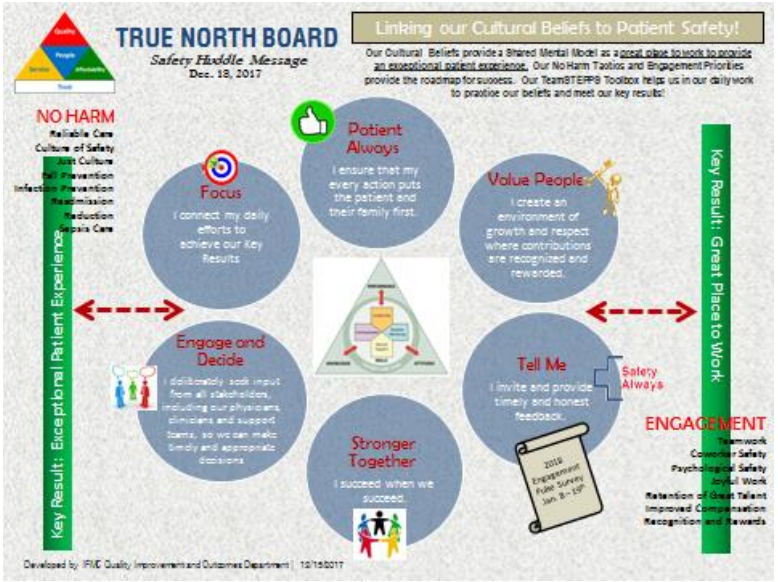
TeamSTEPPS Leader Worksheet

- ❑ Goals for Team
- ❑ Messaging and engagement of all members of the team (staff, providers)
- ❑ Selected tools for Team to learn
- ❑ Meeting the Team's needs with class logistics (# of staff, # of classes, schedule, location, food, etc.)
- ❑ Operational plan-what happens next?
- ❑ Orientation/onboarding new staff to your TeamSTEPPS culture
- ❑ Measuring success with training- how will you know TeamSTEPPS is making a difference for your team?
- ❑ Report back in 60 days

LESSONS LEARNED

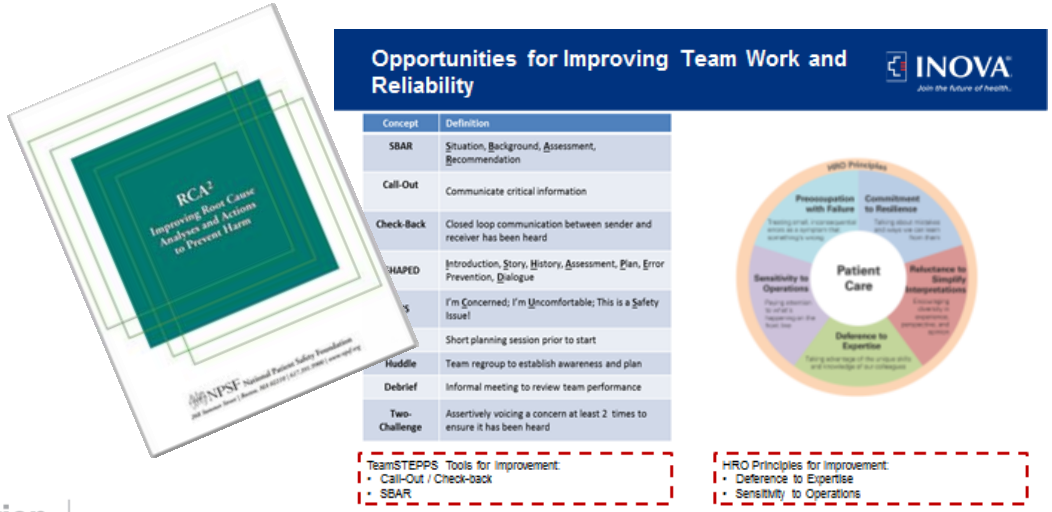
- Medical Staff Champions
  - Master Trainers
  - Role Modeling/ “Walking the Talk”
- Frequent and integrated communications – Monthly Safety Messages





LESSONS LEARNED

- Forums for sharing and learning
  - Daily huddles: *Did anyone have to CUS today?*
  - Patient Safety Meetings/RCA Events: *What tool(s) could have helped to prevent this?*
  - Monthly TeamSTEPPS Steering Committee, Quality Meetings: *How is TeamSTEPPS working for your department? What outcomes are improving as a result of TeamSTEPPS?*



LESSONS LEARNED

- Simulation activities are very effective for teaching teams to be high performing in high risk/emergency situations

- Engaging staff in development of team's operational plan and recognition is key

OB Hemorrhage Outcomes

EBL:

- **2016**: **2373 mL**
- **2017 Q1 & Q2**: **1742 mL**

Admissions to ICU:

- **2016**: 25 out of 78 **(32%)**
- **2017 Q1 & Q2**: 6 out of 29 **(21%)**

Units of RBCs transfused:

- **2016: 3.1 units**
- **2017 Q1 & Q2: 2.6 units**

IN SUMMARY….

- Commit and invest in TeamSTEPPS as a strategic priority for patient safety and team engagement to create an exceptional patient experience and a great place to work
- Integrate tools into real work of the team with standard procedures (SBARs, Handoffs)
- Make it real through simulation activities for ideal learning and discussions
- Engage physicians and leaders as trainers and champions-they are a key part of every team!
- Incorporate into forums for reporting, communications, celebrations (Quality and Safety meetings, RCA events, PI initiatives).

It's all about Leadership

QUESTIONS?

- Stay in touch! Email teamtraining@aha.org or visit www.aha.org/teamtraining