



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

School of Nursing

LARRY COMBEST
COMMUNITY HEALTH &
WELLNESS CENTER
TEXAS TECH UNIVERSITY
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Integrating Simulation into

TeamSTEPPS:

A Tool to Promote Collaborative Practice in a Clinic Setting

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Continuing Nursing Education



INASCL is an accredited ANCC provider



Disclosures



Conflict of Interest

- Patricia G. Francis-Johnson, Sharon Decker, Kathryn Whitcomb, Sandra Caballero, and Melissa S. Leal report no conflict of interest
- Julia Greenawalt (INACSL Conference Administrator & Nurse Planner) reports no conflict of interest
- Leann Horsley (INACSL Lead Nurse Planner) reports no conflict of interest

Successful Completion

- Attend 90% of session
- Complete online evaluation

Learning Outcome



Upon completion of this presentation, participants will be able to:

Describe how TeamSTEPPS training which included clinic specific simulations, improved the communication and team behaviors of a clinic's interprofessional personnel



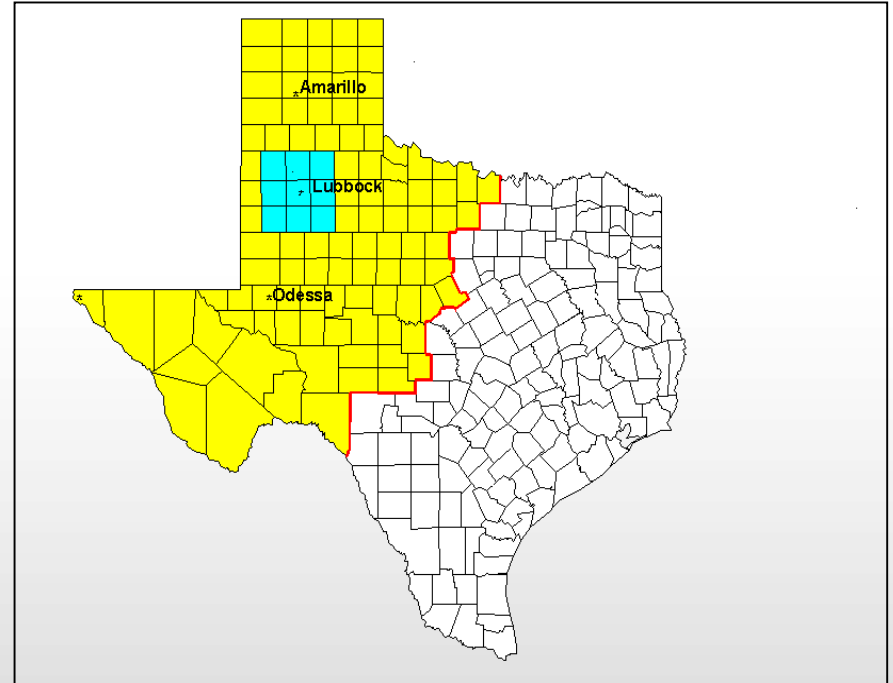
Overview



YOUR LIFE *our purpose*



Overview



Area Map of Texas Showing TTUHSC and Combest Center Service Area

Federally funded
Underserved area

Overview: Interprofessional Collaborative Practice (IPCP) Program



Aims:

Promote cardiovascular risk reduction in Chronic Disease Management

Provide enabling services to enhance the quality of care to the most vulnerable and high risk populations

Provide opportunities for interprofessional teaching and learning experiences



YOUR LIFE *our purpose*





Pre- Assessment

Team Performance Observation Tool :
TeamSTEPPS

Observations

Recommendations:

Training of entire staff

Administrative support



Team Performance Observation Tool: TeamSTEPPS

- Pre-assessment
- 2 months after training
- Q 6 months to determine “booster timeframe”

TeamSTEPPS® 2.0



Team Performance Observation Tool

Date: _____
Unit/Department: _____
Team: _____
Shift: _____

Rating Scale
Please comment if
1 or 2.

1 = Very Poor
2 = Poor
3 = Acceptable
4 = Good
5 = Excellent

1. Team Structure		Rating
a. Assembles a team		
b. Assigns or identifies team members' roles and responsibilities		
c. Holds team members accountable		
d. Includes patients and families as part of the team		
Comments:		
Overall Rating – Team Structure		
2. Communication		Rating
a. Provides brief, clear, specific, and timely information to team members		
b. Seeks information from all available sources		
c. Uses check-backs to verify information that is communicated		
d. Uses SBAR, call-outs, and handoff techniques to communicate effectively with team members		
Comments:		
Overall Rating – Communication		
3. Leadership		Rating
a. Identifies team goals and vision		
b. Uses resources efficiently to maximize team performance		
c. Balances workload within the team		
d. Delegates tasks or assignments, as appropriate		
e. Conducts briefs, huddles, and debriefs		
f. Role models teamwork behaviors		
Comments:		
Overall Rating – Leadership		
4. Situation Monitoring		Rating
a. Monitors the status of the patient		
b. Monitors fellow team members to ensure safety and prevent errors		
c. Monitors the environment for safety and availability of resources (e.g., equipment)		
d. Monitors progress toward the goal and identifies changes that could alter the plan of care		
e. Fosters communication to ensure that team members have a shared mental model		
Comments:		
Overall Rating – Situation Monitoring		
5. Mutual Support		Rating
a. Provides task-related support and assistance		
b. Provides timely and constructive feedback to team members		
c. Effectively advocates for patient safety using the Assertive Statement, Two-Challenge Rule, or CUS		
d. Uses the Two-Challenge Rule or DESC Script to resolve conflict		
Comments:		
Overall Rating – Mutual Support		
TEAM PERFORMANCE RATING		



Process

Selection and modification of TeamSTEPPS
Course

Champions identified from clinic staff

Champions attend two day Train-the-Trainer
course

Trainers developed change project to
implement at clinic

Staff trained over two months by Trainers





Process

Training included pre and post surveys

Training consisted:

AM: TeamSTEPPS fundamentals course

PM: Simulation with scenarios

related to clinic role and included

standardized patients



Scenarios

Short 2 minute vignettes

All recorded – view by other

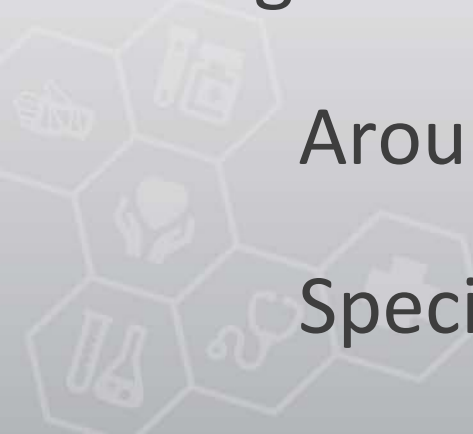
Followed by debrief

SP as patients or “obstructive” personnel

Designed

Around identified challenges

Specific to personnel attending



Scenario Development: Example

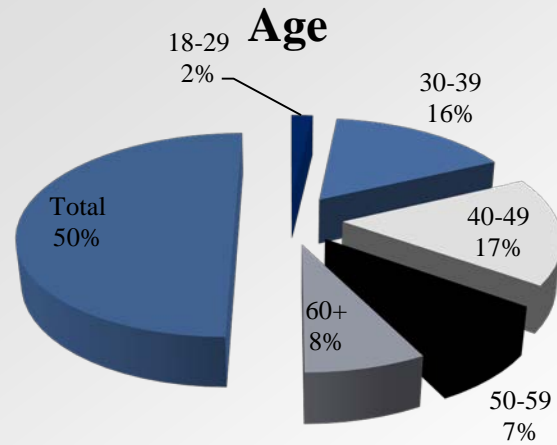


Assigned 2 participants to an office like setting to develop a program for the elderly on healthy nutrition

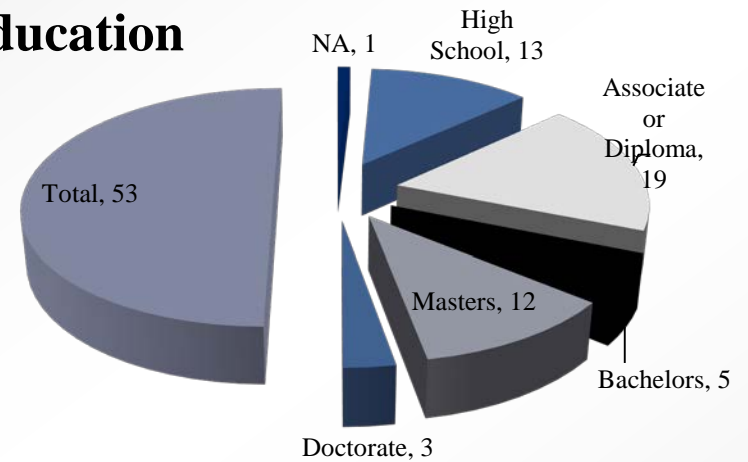
SP enters the office with out knocking and states “I just heard about the new endeavor related to promoting healthy nutrition for the elderly, Don’t you think this is a waste of money and time. We’ve tried this over and over again – so... what’s you plan?” (Pulls up a chair and sits down)

Scenario Development: Example

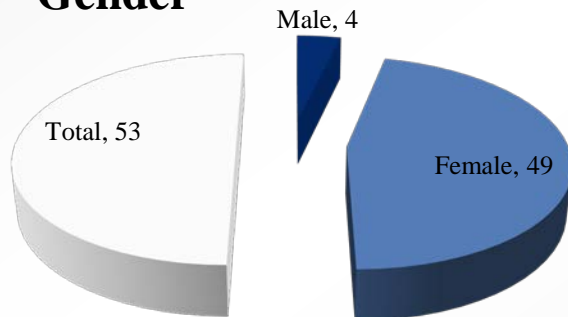
Assigned healthcare provider to obtain a health history of a client (SP). While obtaining the health history another SP comes into the room and states “Excuse me, I just put Mr. Joe Smith, your next patient who has a history of mental illness in room #6. He was acting inappropriately in the waiting room and the other patients were complaining about him.”



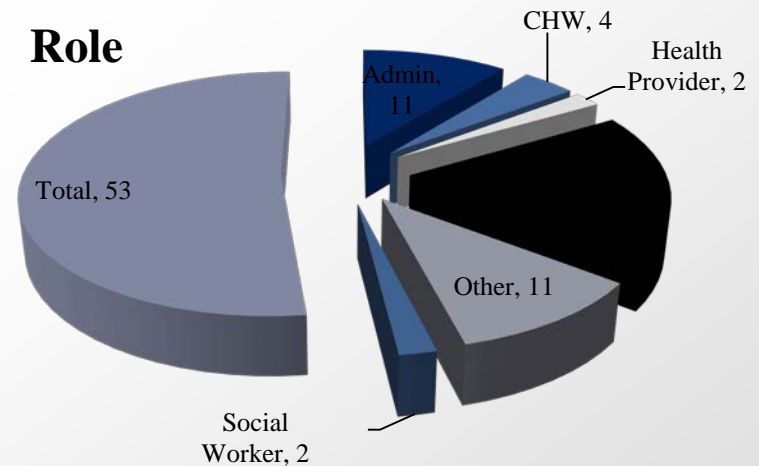
Education



Gender



Role



Demographics of attendees



TeamSTEPPS Teamwork Perceptions Questionnaire- T-TPQ

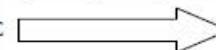


TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ)

Instructions: Please respond to the questions below by placing a check mark (✓) in the box that corresponds to your level of agreement from *Strongly Agree* to *Strongly Disagree*. Please select only one response for each question.

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Team Structure						
1.	The skills of staff overlap sufficiently so that work can be shared when necessary.					
2.	Staff are held accountable for their actions.					
3.	Staff within my unit share information that enables timely decision making by the direct patient care team.					
4.	My unit makes efficient use of resources (e.g., staff supplies, equipment, information).					
5.	Staff understand their roles and responsibilities.					
6.	My unit has clearly articulated goals.					
7.	My unit operates at a high level of efficiency.					
Leadership						
8.	My supervisor/manager considers staff input when making decisions about patient care.					
9.	My supervisor/manager provides opportunities to discuss the unit's performance after an event.					
10.	My supervisor/manager takes time to meet with staff to develop a plan for patient care.					
11.	My supervisor/manager ensures that adequate resources (e.g., staff, supplies, equipment, information) are available.					
12.	My supervisor/manager resolves conflicts successfully.					
13.	My supervisor/manager models appropriate team behavior.					
14.	My supervisor/manager ensures that staff are aware of any situations or changes that may affect patient care.					

PLEASE CONTINUE TO THE NEXT PAGE



TeamSTEPPS Teamwork Attitudes Questionnaire- T-TAQ



TeamSTEPPS Teamwork Attitudes Questionnaire (T-TAQ)

Instructions: Please respond to the questions below by placing a check mark (✓) in the box that corresponds to your level of agreement from *Strongly Disagree* to *Strongly Agree*. Please select only one response for each question.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Team Structure					
1. It is important to ask patients and their families for feedback regarding patient care.					
2. Patients are a critical component of the care team.					
3. This facility's administration influences the success of direct care teams.					
4. A team's mission is of greater value than the goals of individual team members.					
5. Effective team members can anticipate the needs of other team members.					
6. High performing teams in health care share common characteristics with high performing teams in other industries.					
Leadership					
7. It is important for leaders to share information with team members.					
8. Leaders should create informal opportunities for team members to share information.					
9. Effective leaders view honest mistakes as meaningful learning opportunities.					
10. It is a leader's responsibility to model appropriate team behavior.					
11. It is important for leaders to take time to discuss with their team members plans for each patient.					
12. Team leaders should ensure that team members help each other out when necessary.					

PLEASE CONTINUE TO THE NEXT PAGE



Collaborative Practice Assessment Tool (CPAT)



Integrating Health Sciences Across the Curriculum

Collaborative Practice Tool

The content in the following statements contain items relevant to collaborative practice. Please respond to each statement from the perspective of the specific patient care team you work with most often.

Mission , Meaningful Purpose, Goals	Strongly Disagree	Mostly Disagree	Somewhat Disagree	Neither Agree nor Disagree	Somewhat Agree	Mostly Agree	Strongly Agree
1. Our team mission embodies an interprofessional collaborative approach to patient/client care.							
2. Our team's primary purpose is to assist patients/clients in achieving treatment goals.							
3. Our team's goals are clear, useful and appropriate to my practice.							
4. Our team's mission and goals are supported by sufficient resources (skills, funding, time, space).							
5. All team members are committed to collaborative practice.							
6. Members of our team have a good understanding of patient/client care plans and treatment goals.							
7. Patient/client care plans and treatment goals incorporate best practice guidelines from multiple professions.							
8. There is a real desire among team members to work collaboratively.							
General Relationships							
9. Respect among team members improves with our ability to work together.							
10. Team members care about one another's personal well being.							
11. Socializing together enhances team work effectiveness.							
12. It is enjoyable to work with other team members.							
13. Team members respect each other's roles and expertise.							
14. Working collaboratively keeps most team members enthusiastic and interested in their job.							
15. Team members trust each other's work and contributions							



TeamSTEPPS

Teamwork

Perceptions

Questionnaire-

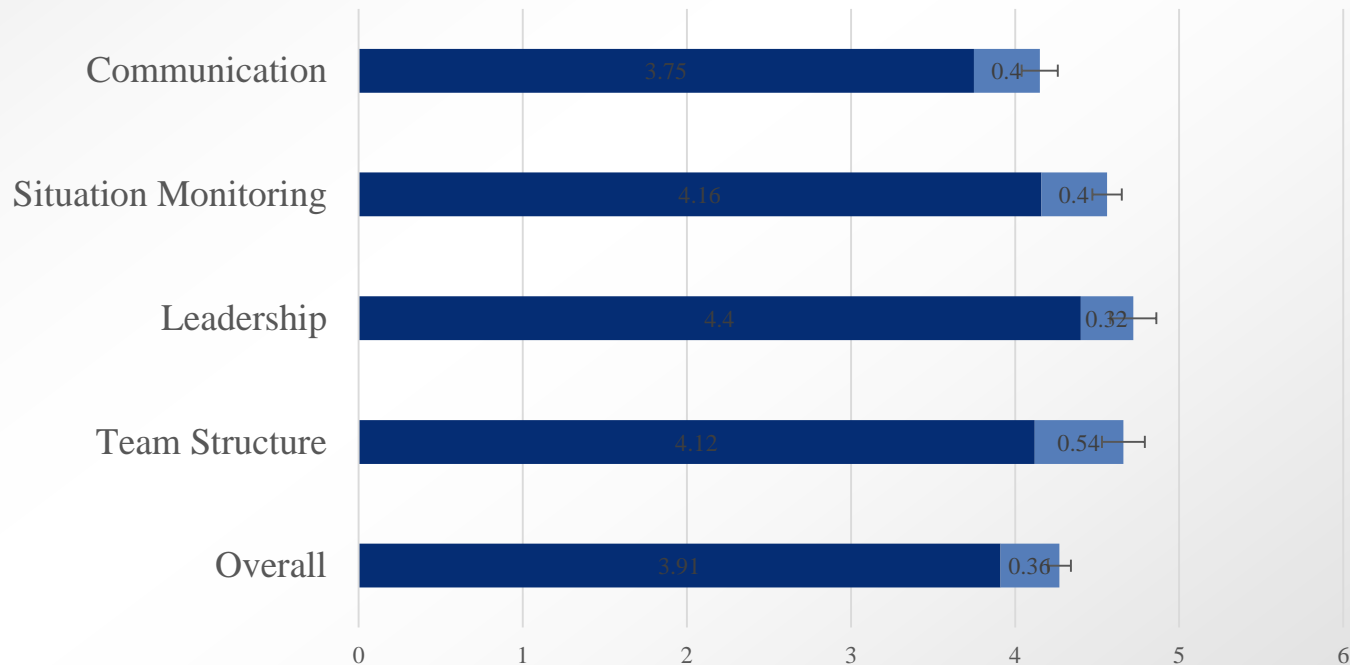
T-TPQ

		Baseline	Mean	SE	p
Total		3.54	0.21	0.13	0.1133
team structure		3.51	0.3	0.16	0.063
Leadership		3.74	-0.01	0.18	0.9379
Situation Monitoring		3.46	0.19	0.15	0.2015
Mutual Support		3.47	0.29	0.16	0.0832
Communication		3.53	0.29	0.11	0.0109



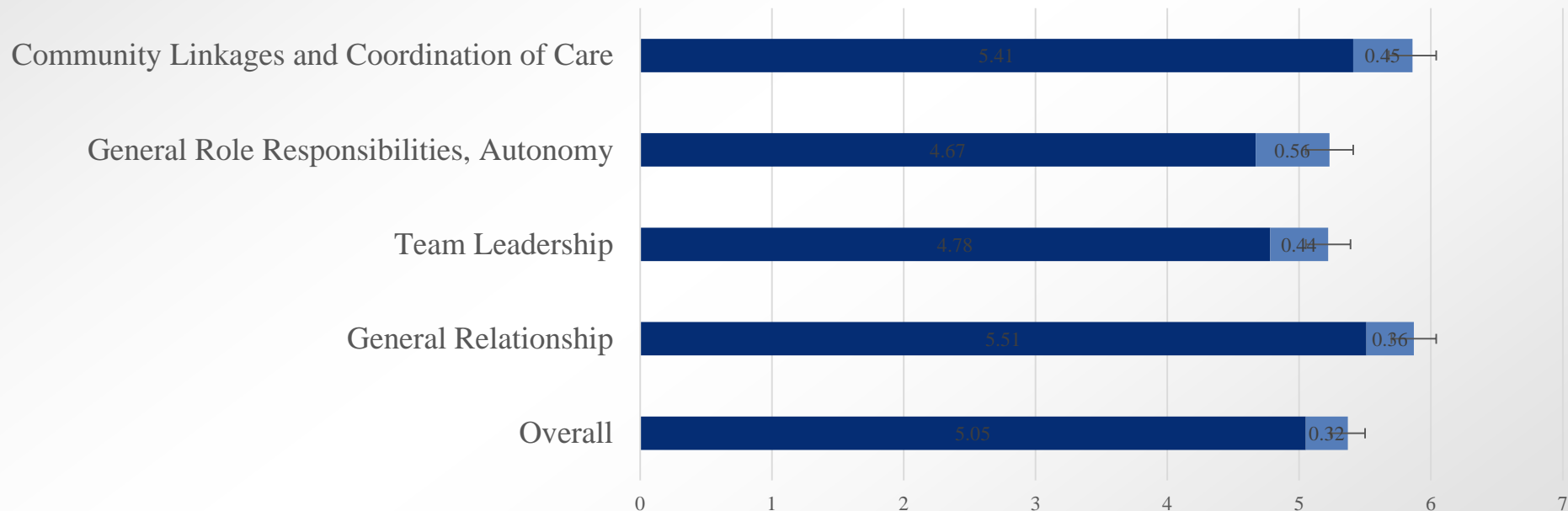
TeamSTEPPS Teamwork Attitudes Questionnaire- T-TAQ

Improvements on T-TAQ Overall and Subscales



Collaborative Practice Assessment Tool (CPAT)

Improvements on CPAT Overall and Subscales



Summary of Statistics



T-TPQ	T-TAQ	CPAT
Surveys	Surveys	Surveys
Pre - 43	Pre - 44	Pre - 43
Post - 33	Post - 33	Post - 32



Significance of Statistics



- Significant improvement in communication
- TeamSTEPPS Training with simulation results in improvement in Team performance



Outcomes: Challenges



Pulling staff away from their jobs

Providing time for training that is not perceived as having an impact the quality of patient care

Convincing skeptical staff member that this is an ongoing process and the commitment to change process



Outcomes: Challenges



Maintaining an environment of excitement and of ongoing training, improvement and positive change

Assuring that all training and activities are appropriate for staff job role and level of understanding

Integration of teamwork behaviors at the point of care

Outcomes: Achievements



Nonclinical staff felt empowered having tools and strategies to use to facilitate communication of patient's needs to clinical staff.

Use of interprofessional teams from all role to facilitate change provides and value of input and ideas.

Outcomes: Achievements

Increased awareness of need for environment for patient safety.

Provided powerful communication tools that are easy to understand. Combest staff utilize these tools in communication with patients and staff.

Developed posters as reminders of TeamSTEPPS strategies.

Outcomes: Achievements

Emails to encourage staff to submit TeamSTEPPS “win” stories.

Monthly drawing for those with a winning story.

Daily morning Combest Huddles to improve communication and understanding of the daily plan for clinical and nonclinical staff.

Interprofessional TeamSTEPPS scheduling team to maximize scheduling while providing patient care.

Outcomes: Example of Winning Story



Situation Monitoring, Cross Monitoring, Mutual Support - Advocacy and Assertion, DESC, Leadership, SBAR

Patient was here approximately 2 weeks for a clinic appt. and here to pick up her Rx.PAP meds.

Patient recently started a new job in a call center and became ill and stated that she was not able to go in to work on that Mon. or Tues. due to her symptoms.

The patient had been given a return to work note that did not excuse the Mon. and Tues. that she was at home sick. Upon receiving this note the patient requested to have Mon. and Tues. added due to being out sick, she proceeded to state that she needed to have those days excused as well because she just started her new job and got sick w/Strep Throat and does not want to be fired.

The Patient Services Specialist explained to the patient that she was not authorized to give an excuse for those dates. The patient began to **plead & explain** her current employment situation and that her present illness was the reason she was unable to go to work on those days. Patient explained that she was not able to even get out of bed because she felt so bad but at the same time stating that she does not want to lose her job because she had been seeking employment for quite some time since moving here from New York. She stated that she really needs her job and that she could not afford to be fired.

Therefore after listening & observing what was unfolding before me, I told the patient that we would go ahead and include the Monday & Tuesday and that I would talk to her Provider about it. As an **Advocate** for the Patient I authorized the Patient Services Specialist to give the patient a return to work note excusing the patient for her absence on Monday and Tuesday. The patient requested that Strep Throat be indicated on the return to work note so that she does not have any issues when she returns to work.

I spoke with the patient's Provider afterwards and explained the patient's situation and informed her of the dates that were given on the return to work note and the Provider stated that those dates were fine.

The Patient came into the clinic yesterday for her clinic follow up appointment and stated that she wanted me to know that she was so **"Grateful"** and **"Appreciative"** for everything that **We** had done for her when she was sick. She expressed her gratitude and said **"Thank You"**. She stated that **We** were a **"Blessing"** to her and that it was her off day and that she **still has her job**. She also stated that she felt **"Good"**.

I shared this wonderful update with the Provider, the Patient Services Specialist and the Patient Services Supervisor.

Thanks Team – We are Compassionate and Dedicated to the Care and Safety of OUR PATIENTS!!!

Have a Blessed Day!!

YOUR LIFE *our purpose*



Outcomes: Daily Huddles



Initiated prior to beginning of clinic day - at 8 AM

Brief, Timely, & Address important concerns

Lasted < 10 minutes

Initiated by team leader with overview of staffing and patient updates

Contingency plan developed for unexpected changes in staffing or patient volume during the day

Allowed for open communication

Interprofessional in nature



Outcomes: Weekly Interprofessional Team Conferences

Initiated weekly and lasts for 90 minutes

Brief, Timely, & Addresses important patient treatment information

Initiated by team leader with overview of patient treatment plan

Contingency plan developed for unexpected changes in treatment plan for a group of patients

Allows for open communication

Interprofessional in nature----Integration of interprofessional team members and students



Next Steps



Boosters:

How often

Course (Modified essentials)



Ongoing training – new team members, all students/residents

Implementation of interprofessional teaching with patient groups



References

Agency for Healthcare Research and Quality. (2008). TeamSTEPPS Team Strategies & Tools to Enhance Performance & Patient Safety. Washington, D.C.: Agency for Healthcare Research and Quality

Institute of Medicine. (2011). The future of nursing leading change, advancing health. Committee on the Robert Wood Johnson Foundation Initiative on the Future of Nursing, at the Institute of Medicine. Washington, D.C.: The National Academies Press.

Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, D.C.: Interprofessional Education Collaborative.



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