



Health Innovation Program
Integrating healthcare research and practice

The New Role of Teams in the New American Population Health

Maureen Smith

Director, Health Innovation Program



How do we build a better culture around teamwork?

Take a three-pronged approach:

1. Train team in **skillsets** correlated to success
2. Build your team around a **project**
3. Create an **environment** that supports the team

Presentation Outline

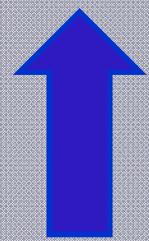
- I. Introduction to teams
- II. Anatomy of an effective team
- IV. Training makes a difference
- III. Select and implement a project
- V. Leaders create the environment
- VI. The system creates the environment

What is a team?

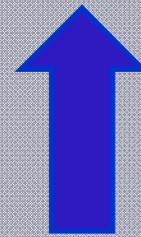
- Teams consist of 2 or more people who
 - are assigned specific roles; perform specific tasks
 - interact or coordinate with each other to achieve a common goal or outcome
 - make decisions
 - have **specialized knowledge**
 - often have to work under a **high workload**

Task Interdependency

- Teams are not just groups
- Teamwork needs task interdependency – **the work won't get done properly if one team member does not accomplish a designated task**



Patient-
Centeredness



Teamwork



Health Innovation Program
Integrating healthcare research and practice

Effective health care teams can...

- Reduce medical errors
- Improve quality of care
- Reduce and improve workload issues
- Reduce burnout among healthcare professionals
- Build cohesion across a unit

II. Anatomy of an effective team



You've gotta have your KSAs.

How do we build teamwork around our change?

Train on the **KSAs**:

- Teamwork related **Knowledge**
- Teamwork related **Skills**
- Teamwork related **Attitudes**



Case Study: Ambulation

New walking dependence – the loss of the ability to walk independently

- Occurs in 15-69% of hospitalized older adults
- Caused by:
 - Illness
 - Medical or surgical treatments
 - Hospital environment
 - Deconditioning effects of bed rest
- 73% of patients considered able to walk did not walk at all

Case Study: Ambulation

- Nurses are the most influential in determining whether or not a patient is ambulated
- Barriers to ambulation are an illustration of problems with team culture
- Barbara Doherty-King's work in promoting ambulation is a good application of KSAs

Knowledge competencies

- Do I know everything I need to know to fulfill my role?
- Do I know what is expected of me?
- Do I know how to act in all situations?
- Am I knowledgeable about my organization's mission?

**Knowledge enables and empowers
*coordination and execution.***

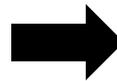
Knowledge competencies

Desired Competency:

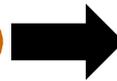
Shared task models



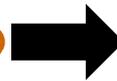
Task-specific responsibilities



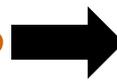
Knowledge of team mission, norms and resources



Familiarity with teammate characteristics



Cue/Strategy associations



Case Study: Ambulation

Barriers to ambulation included lack of clarity about who is responsible for ambulating patients.
- PT or nurse?

Shared knowledge about purpose for ambulation:
1) preventing complications
2) monitoring progress
3) compliance

Creating a unit-level expectation that a patient will be ambulated
(King & Bowers Int J Nurs Stud. 2013)

Skill competencies

- A learned capacity to interact with other team members
- Includes:
 - Adaptability
 - Situation awareness
 - Performance monitoring and feedback
 - Leadership
 - Interpersonal relations
 - Coordination
 - Communication
 - Decision-making

Skill competencies

Desired Competency:

Mutual Performance
Monitoring

Flexibility/Adaptability

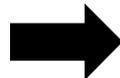
Supporting/Back-Up
Behavior

Team leadership

Conflict Resolution

Feedback

Closed-Loop
Communication &
Information exchange



Promoting Ambulation

Change the question from “Did your patient walk today” to “How much did your patient walk today?”

Added daily ambulation goals to the whiteboards in patient’s rooms.

Talk about walking in shift-to-shift reports.

(B Doherty-King, pilot data)

Baker, DP, et al. Center for Quality Improvement and Patient Safety, AHRQ 2003

Attitudes

- A positive attitude is critical to successful teamwork
- *Collectively oriented* individuals perform significantly better in teams

Attitude competencies

Team Orientation
(morale)

Collective Efficacy

Shared Vision

Team Cohesion

Mutual Trust

Collective Orientation

The Importance of
Teamwork

“The roles have to be understood, the nurses have to be proud of their contribution, the social worker has to be proud of their contribution, but if people stay within the boundaries of their task with... flexibility in different situations, it really runs a lot better.”

-geriatric physician

in Wright et al. Can Fam Physician 2007

The Three-Pronged Approach

- ❑ Train staff in **skillsets** correlated to team success
- ❑ Build your team around a **project**
- ❑ Create an **environment** that supports the team

IV. Training makes a difference.

Types of Training

- Information-based
 - Didactic lecture
- Demonstration-based
 - Behavior modeling videos
- Practice-based
 - Simulation, role-playing

High-Yield Team Trainings

- Simulation-Based Trainings (SBTT) – Trains on **Knowledge**, **Skills** and **Attitudes**
- Metacognition training— **Knowledge**
 - **Shared mental models** – to what extent does the team agree on what is going on, what is at stake
- Guided Team Self-Correction – **Skills** and **Attitudes**

Weaver, SJ, et al. BMJ Qual Saf 2014.

Wildman, J, et al. Hum Factors 2014.

Rosen, MA, et al. Handbook of Human Factors and Ergonomics in Health Care and Patient Safety, ed. Carayon 2012.

Evidence-Backed Training Frameworks

- TeamSTEPPs
 - US Department of Defense, AHRQ and AIR
 - *Train the trainer*
- Medical Team-Training
 - VA National Center for Patient Safety and Medical Team-Training
 - *Train the staff*

TeamSTEPPs

- A national training and support infrastructure for healthcare entities:
 - Created a network of team resource centers
 - 3-day intensive training session for interested individuals to become “Master Trainers”
 - Master Trainers return to train administrators and frontline personnel within their own organization using customizable curriculum
- Uses KSAs.

Medical Team-Training

- Teams building teams
- Learning sessions led by a multidisciplinary team of faculty for a healthcare team in a day-long session
 - Leadership
 - Peer-to-peer communication
 - Follow-up support – site-specific interviews after trainings
 - Simulation

Training is NOT ENOUGH

The most effective training programs employ a **bundled intervention** design that encompasses tools designed to support interventions

Meaningful change = tools + training + broader organizational interventions

The Three-Pronged Approach

Take a three-pronged approach:

- ✓ Train staff in **skillsets** correlated to team success
- ❑ Build your team around a **project**
- ❑ Create an **environment** that supports the team

III. Select & implement a project

Defining Team Success: Select the right project

- Start small
- Make it measurable
- Put the patient at the center
- Search the literature
- Maximize pre-existing resources
- Get input and revise

Successfully implementing a project

1. Build a team around the change
2. Train the team together
3. Use tools to keep on track (checklists, reminders, peer coaches)
4. Change organizational policies and procedures
 - Build incentives around new processes
5. Measure outcomes and give feedback

The Three-Pronged Approach

- ✓ Train staff in **skillsets** correlated to team success
- ✓ Build your team around a **project**
 - ☐ Create an environment that supports the team

V. Leaders create the environment

Champions know that success is inevitable; that there is no such thing as failure, only feedback. They know the best way to forecast the future is to create it.

- Michael J. Gelb



A strong leader...

- Really Cares
- Demonstrates a welcoming and non-defensive attitude
- Encourages speaking up
- Facilitates communication and teamwork
- Takes action
- Mobilizes information
- Seeks input

Leaders set the tone

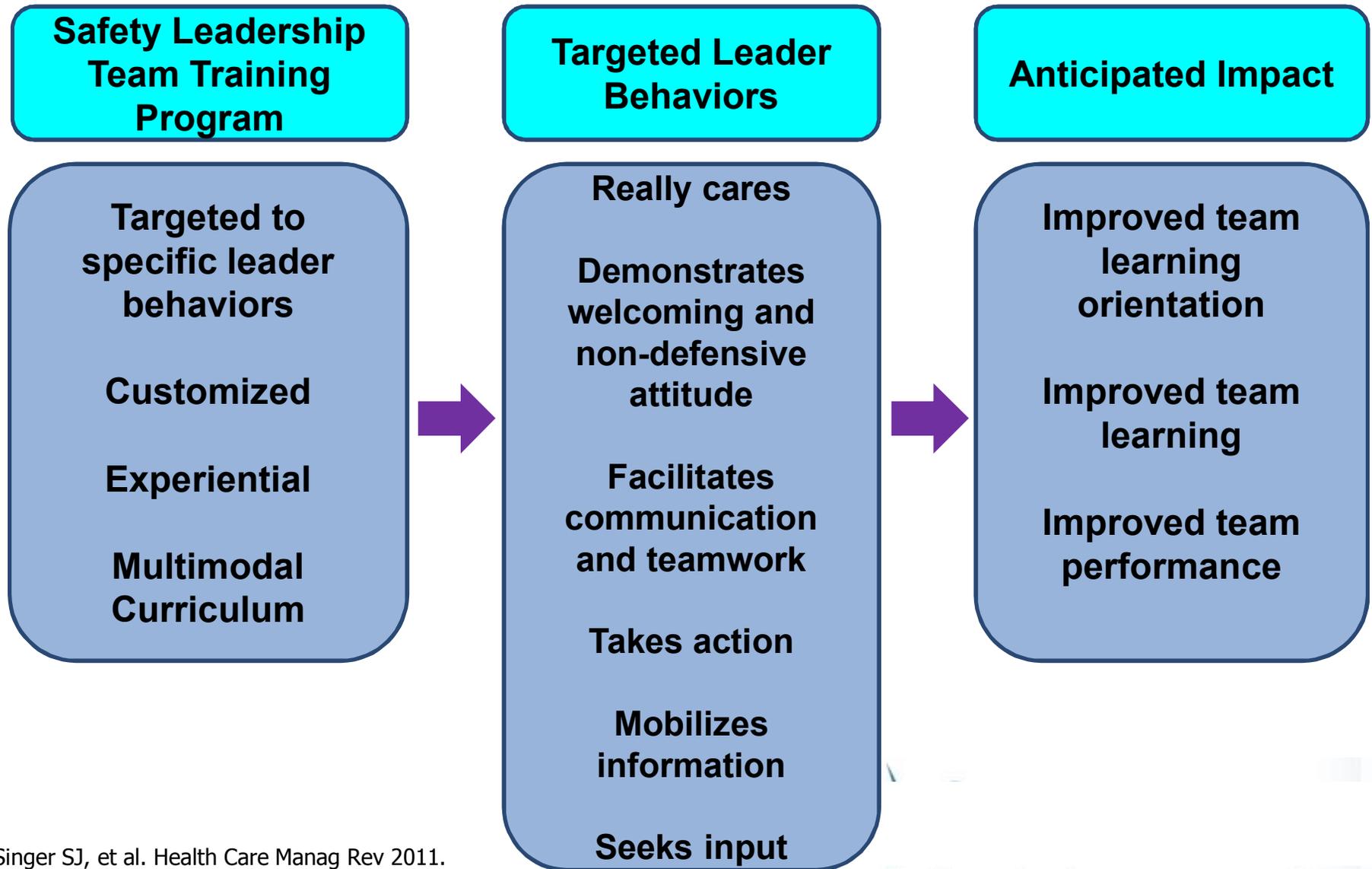
“I often find myself catch myself typing on the computer when people come to talk to me... I stop and face the person now.”

-Manager after leadership training

“We put in a system to fix an error, but staff didn't like it... In retrospect, it could have been made more diplomatically.”

-Quality Assurance chair

Safety Leadership Team Training



The Three-Pronged Approach

✓ Train staff in **skillsets** correlated to team success

✓ Build your team around a **project**

☐ Create an **environment** that supports this change

✓ **Leadership**

☐ **System**

VI. The system creates the environment



Adapted from Carayon P, et al. Qual Saf Health Care 2006.

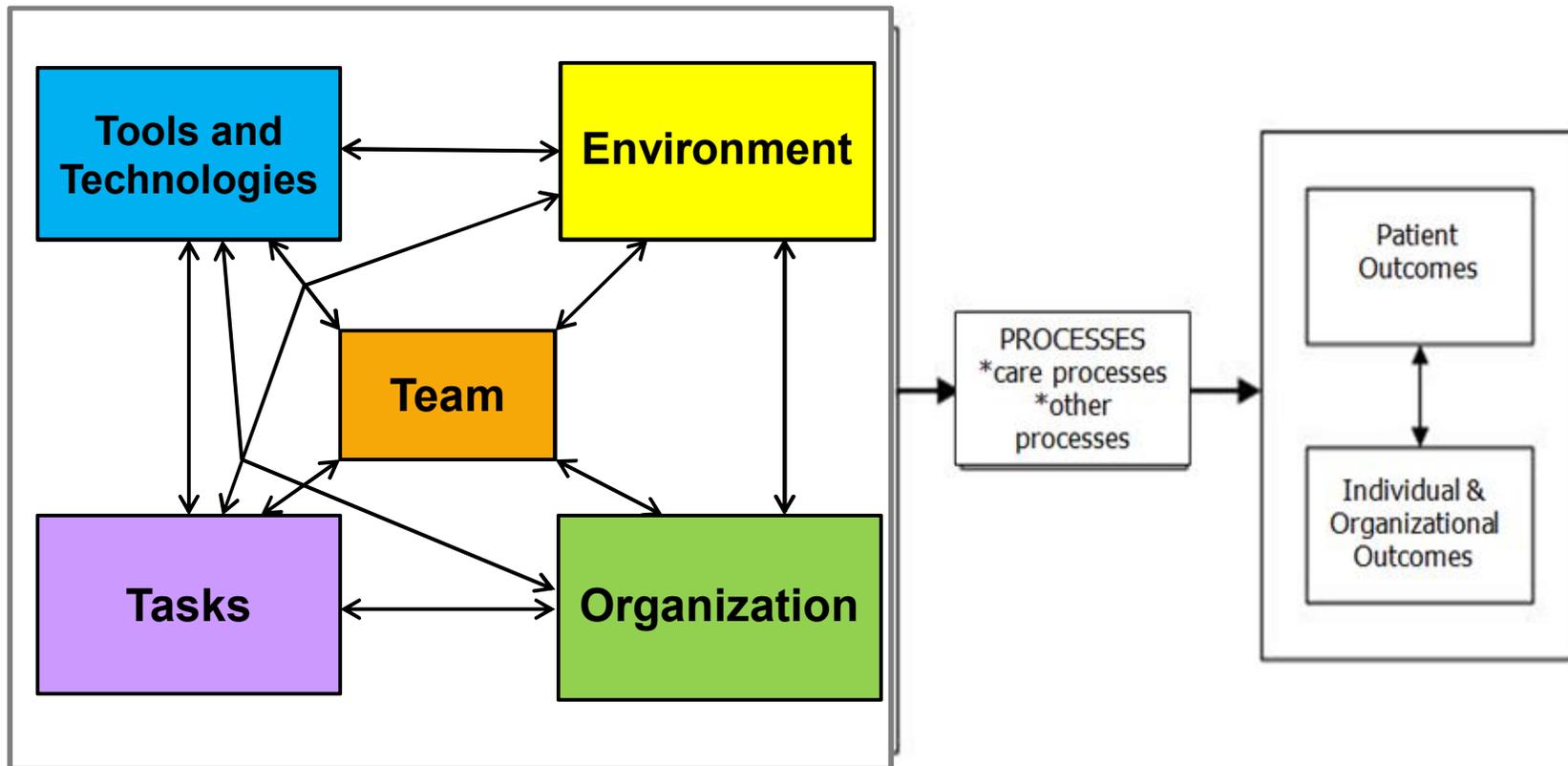
SEIPS: A model for system redesign

- System Engineering Initiative for Patient Safety
- A systems engineering approach to increasing patient safety

How do we structure our facilities in order to minimize patient risks and maximize our team capacity?

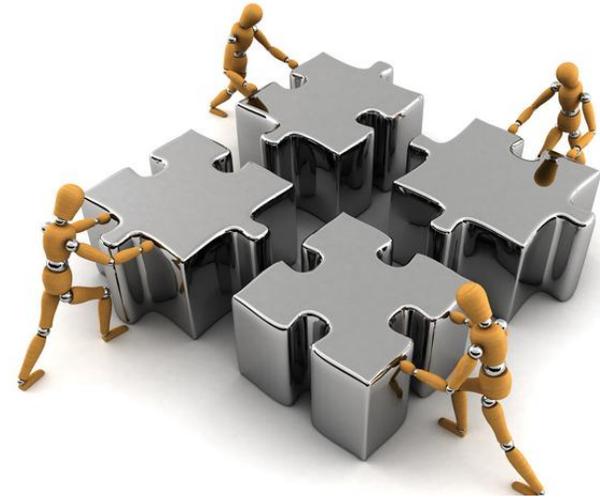


Health Innovation Program
Integrating healthcare research and practice



Teams + SEIPs

- Not physician-centered
 - An individual is anyone using the system: a nurse, patient, MA, admin staff or provider, with a unique set of tasks and goals
 - Reduces culture of blame, but preserves physician professionalism
- Positive patient and employee outcomes are related



If the system is not working for everyone, then it's not working

Making system-level change:

- Redesign systems to make it “easy to do things right and hard to do things wrong”
- Engage physicians at the beginning of the process
- Promote balance in the work system—share the load
- Promote a Healthy Work Organization – good outcomes for patients and staff

Case Study

Stimulated recall methodology for assessing work system barriers and facilitators in family-centered rounds in a pediatric hospital

Pascale Carayon ^{a, b, *}, Yaqiong Li ^{a, b}, Michelle M. Kelly ^{a, c}, Lori L. DuBenske ^d, Anping Xie ^e, Brenna McCabe ^f, Jason Orne ^g, Elizabeth D. Cox ^c

^a Center for Quality and Productivity Improvement, University of Wisconsin–Madison, USA

^b Department of Industrial and Systems Engineering, University of Wisconsin–Madison, USA

^c Department of Pediatrics, University of Wisconsin School of Medicine and Public Health, USA

^d Department of Psychiatry, University of Wisconsin School of Medicine and Public Health, USA

^e Armstrong Institute for Patient Safety and Quality, Johns Hopkins University, USA

^f Rush Medical College, USA

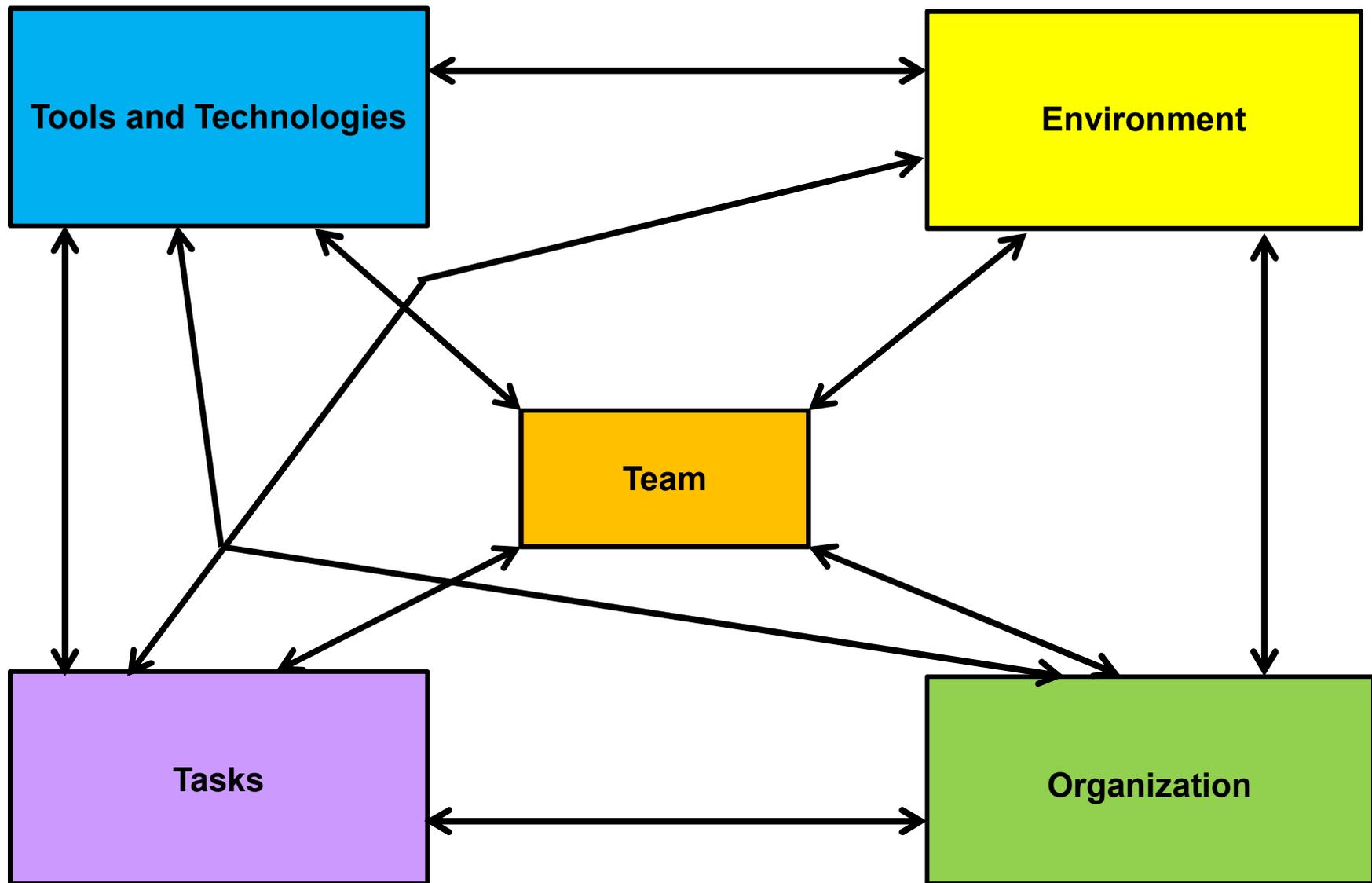
^g Department of Sociology, University of Wisconsin–Madison, USA

Case Study: Family-centered rounds in a pediatric hospital

- Family-centered rounds: a complex care process where the patient and family share control of the management plan
- Daily, bedside, multidisciplinary rounds where providers meet to communicate and make daily and discharge care decisions

Barriers and Facilitators to family-centered rounds

- What are the barriers & facilitators to family engagement in rounds?
- Used stimulated recall methodology:
 - Video recordings of family-centered rounds in hospitalist, pulmonary, and hem/onc services
 - Health care workers and families viewed video and did recall interviews about barriers and facilitators



Adapted from Fig 2 in Carayon et al 2014. Work system barriers and facilitators to family engagement in family-centered rounds (FCR). The "+" symbol indicates a facilitator and the "-" symbol indicates a barrier.

Team

- +/- Individual characteristics of parent/child
- Individual characteristics of clinicians
- Insufficient medical knowledge of some residents

Environment

- +/- Location of rounds
- + Positioning team
- Interruptions and distractions
- Noise affecting communication

Organization

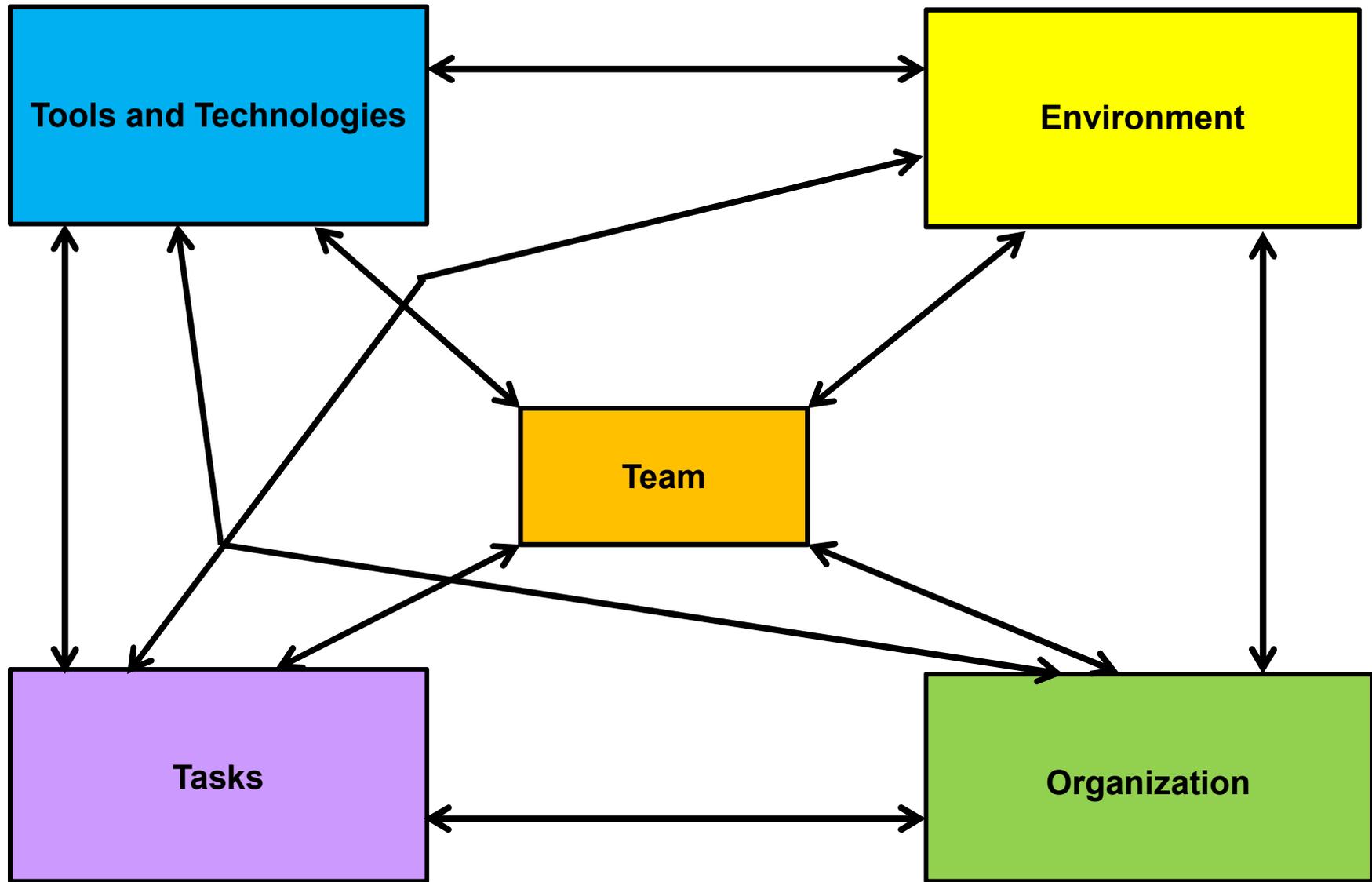
- +/- Scheduling of rounds
- + Presence and role of nurse
- + Opportunity for nurse input
- + Smaller rounding team
- + Team listening to family
- Absence of nurses during rounds
- Lack of opportunity for nurse input
- Large rounding team
- Physicians not listening to parents
- Parent lacks knowledge of team members' roles
- Presence/role of child
- Rounding too long

Tools and Technologies

- + Use of computer to present visual information
- + Printout of labs
- + Use of pen and paper as reminder for clinicians
- Computer equipment as distraction

Tasks

- +/- Communication activities of clinicians
- + Team getting updated information before rounds
- + Team responding to parent/child questions and concerns
- + Team going back to visit family after rounds
- Physicians dealing with tired/difficult parents
- Lack of clarity in assessment and plan
- Team lack of review at end of rounds
- Team members multi-task during rounds
- Presentation of repetitive information
- Workload of nurses



Adapted from Fig 2 in Carayon et al 2014. Work system barriers and facilitators to family engagement in family-centered rounds (FCR). The "+" symbol indicates a facilitator and the "-" symbol indicates a barrier.

Takeaways

- SEIPS model can provide a framework to redesign the system to create an environment that supports the team
- The roadmap to team success is paved with human factors

The Three-Pronged Approach

✓ Train staff in **skillsets** correlated to team success

✓ Build your team around a **project**

✓ Create an **environment** that supports this change

✓ **Leadership**

✓ **System**

Questions?