

Leadership in Health Affairs



TeamSTEPPS™ Collaborative for the Inland Empire

April 16, 2015 Julia Slininger RN, BS, CPHQ VP Quality and Patient Safety, HASC

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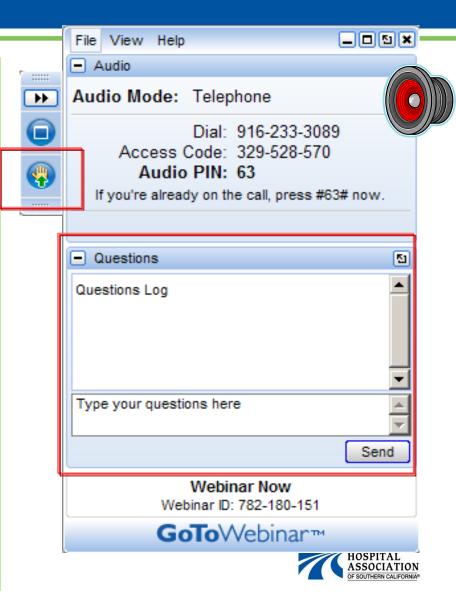
How to Participate in Today's Web Seminar

At the telephone prompt, please be sure to enter your unique audio pin located in your Webinar audio pane.

We will have time for Q&A at the end of the presentation.

Click the hand to answer our polling question

Submit your text question using the Questions pane





Situation

- Medical Errors are occurring
- Communication is at the root
- Silence Kills
- We should do something (more) about that

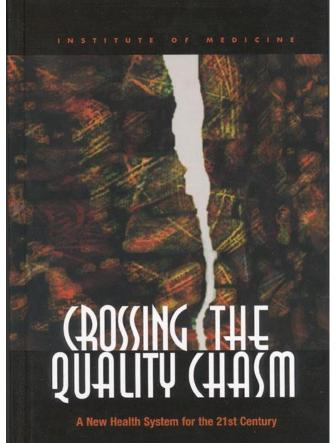




Background



Two **Institute of** Medicine **Reports** (1999 & 2001) address the critical issues of inadequate safety and quality in American healthcare.







Assessment

We have been promoting Quality Improvement through:

- Problem / Process Analysis
- Use of QI Models for Improvement
- Collaborative and Consultative Facilitation
- Sharing of Tools and Resources





Assessment

The vehicle for all these helpful interventions is a multidisciplinary <u>team</u> of healthcare professionals, with various approaches and needs.

- Physicians don't learn teamwork in Med School
- Nursing education lacks assertiveness training
- Executives are concerned for the bottom line
- Patients/families are sometimes not listened to

So, what we need is Teamwork Training!



To Err is Human

The IOM Reports recommend interdisciplinary <u>team</u> <u>training</u> to increase patient safety and quality in healthcare delivery.

- The greatest factor in the occurrence of errors, near misses, and other incidents is "communication"
 - Poor (incomplete or incorrect)
 - Hesitant (too little)
 - Absent (too late)
 - Unwelcome (too sad)



Recommendation: TeamSTEPPS

- Team Strategies and Tools to Enhance Performance and Patient Safety
- This program goes where no program has gone before.
 - Beyond evaluation and improvement of systems
 - Beyond quality improvement models
 - Beyond human factors and crew resource management



Destination: Patient Safety

Team STEPPS takes us

- To a new environment
- Using a new language
- That builds teams
- Brings more joy and meaning to the workplace
- and Saves Lives





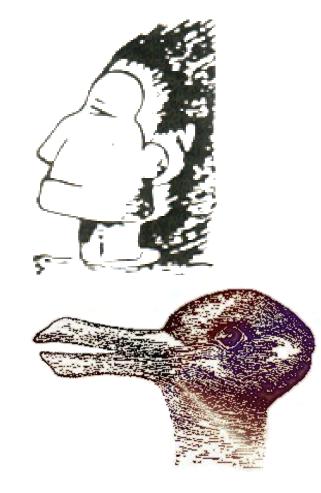
Teamwork...

Begins with a realization that we may all be looking at the same thing, but we perceive it differently.





What Do You See?





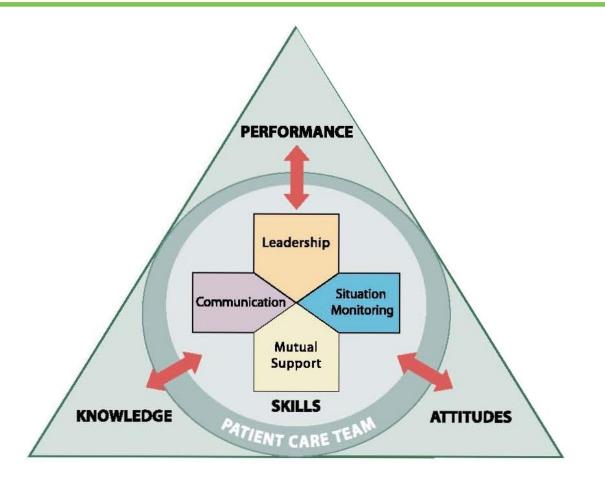


TeamSTEPPS_{TM} Program

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Tools and Strategies

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 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 Call-Out **Check-Back** Handoff

OUTCOMES

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

TeamSTEPPS_{TM} **Program**

CD/DVD Toolkit

- Power Point Learning Modules with talking points
- Videos displaying "before and after" scenarios of poor teamwork and improved teamwork
- Team Exercises and worksheets
- Implementation Planning Tools







The Beauty the "Collaborative"

Peer to Peer Learning and Sharing Group Momentum Accountability Accelerated Improvement!



A Vision for the Inland Empire

Radical Change

A Changed Community

A Healthcare Culture Change

- Inter-professionally
- Clinically/Operationally
- Reaching even into the Medical Schools

Getting at the "Triple Aim"

Better Health, Better Care, Lower Cost



Let's Invest in this together!

The Health Plan- IEHP

Our Funder

You- Our Hospitals

- Our C-Suite Leaders
- Our Physicians
- Our staff
- Our Patients and Families

And your Hospital Association

HASC- our facilitator





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In-person Collaborative Meetings in Riverside	Team Coaching Conference Calls w/Julia	Collaborative Webinars, all hospitals together
May		
	June	
		July
August		
	September	
		October
November		





Faculty

Julia Slininger, RN, BS, CPHQ,

VP Quality and Patient Safety, TeamSTEPPS Master Trainer

Mark E. Comunale, MD,

Chairman, Department of Anesthesiology and Associate Medical Director, Chief Medical Officer for Patient Safety, Arrowhead Regional Medical Center Susan Murphy, Ph.D Consultant, Author, Organizational Change Expert





Faculty

And all of YOU!

Participant teams will each make presentations at inperson sessions 2 and 3, Sharing their progress, barriers, strategies, and resources This is an IHI "like" Collaborative

Where everyone teaches, everyone learns!





Let's Quantify and Qualify the Investment

Tuition for a team of 4:\$7,500IEHP Contribution (first 10):\$3,750Discounted Hospital Fee:\$3,750

- Six months of mentored collaboration
- Approximately 20 CE credit hours each
- Even if one medical error is averted
- Even if one ICU day is prevented
- Even if one employee is retained
- Even if one life is saved (!)



Something BIG is happening in the IE!

Be a part of it!

Contact Julia Slininger (213)-538-0766, or jslininger@hasc.org

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Questions?

