Quality Improvement in CAHs
Learning Session 2 – July 17, 2013

Communication and Teamwork Strategies

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Session Objectives

• Identify the importance of teamwork and communication for improving safety and quality
• Describe challenges in improving teamwork and communication in a CAH and how to overcome them
• Use lessons learned and best practices from CAHs that have successfully applied teamwork and communication strategies in their organizations
Why Teamwork?

- Reduce clinical errors
- Improve patient outcomes
- Improve process outcomes
- Increase patient satisfaction
- Increase staff satisfaction
- Reduce malpractice claims
What Defines a Team?

Two or more people who interact dynamically, interdependently, and adaptively toward a common and valued goal, have specific roles or functions, and have a time-limited membership.
High-Performing Teams

Teams that perform well:

• Hold shared mental models
• Have clear roles and responsibilities
• Have clear, valued, and shared vision
• Optimize resources
• Have strong team leadership
• Engage in a regular discipline of feedback
• Develop a strong sense of collective trust and confidence
• Create mechanisms to cooperate and coordinate
• Manage and optimize performance outcomes

(Salas et al. 2004)
Barriers to Team Performance

- Inconsistency in team membership
- Lack of time
- Lack of information sharing
- Hierarchy
- Defensiveness
- Conventional thinking
- Varying communication styles

- Conflict
- Lack of coordination and follow-up
- Distractions
- Fatigue
- Workload
- Misinterpretation of cues
- Lack of role clarity
Paradigm Shift to Team System Approach

<table>
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<tr>
<th>From (INDIVIDUAL)</th>
<th>To (TEAM)</th>
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<tr>
<td>Single focus (clinical skills)</td>
<td>Dual focus (clinical and team skills)</td>
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<tr>
<td>Individual performance</td>
<td>Team performance</td>
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<td>Under-informed decision-making</td>
<td>Informed decision-making</td>
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<td>Loose concept of teamwork</td>
<td>Clear understanding of teamwork</td>
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<td>Unbalanced workload</td>
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<td>Having information</td>
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<td>Self-improvement</td>
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<td>Individual efficiency</td>
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Effective Teams

• Improved communication
• Are better able to predict the needs of other team members
• Provide quality information and feedback
• Engage in higher level decision-making
• Manage conflict skillfully
• Understand their roles and responsibilities
• Reduce stress on the team as a whole through better performance
Communication and the Team

- Lifeline
- Coordinating mechanism for teamwork
- Effective communication involves everyone
- Facilitates a culture of mutual support
Importance of Communication

Ineffective communication is the third highest root cause of all sentinel events reported*

* (Sentinel Event Statistics Data - Root Causes by Event Type (2004 - 2012)
http://www.jointcommission.org/Sentinel_Event_Statistics/
Goals Related to Communication

National Patient Safety Goals (NPSGs) related to communication:

• Improve the effectiveness of communication among caregivers
  • Read-Back
  • Handoff

• Accurately and completely reconcile medications and other treatments across the continuum of care
  • Address specifically during handoff

• Encourage the active involvement of patients and their families in the patient’s care, as a patient safety strategy
Communication is…

• The process by which information is exchanged between individuals, departments, or organizations

• Things to consider: audience, mode, non-verbal

• Effective when it permeates every aspect of an organization
Standards of Effective Communication

- Complete
  - Communicate all relevant information
- Clear
  - Convey information that is plainly understood
- Brief
  - Communicate the information in a concise manner
- Timely
  - Offer and request information in an appropriate timeframe
  - Verify authenticity
  - Validate or acknowledge information
Contact information

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Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.
Appleton Area Health Services

Marti Croatt, RN, DON – Appleton Area Health Services Care Center
Janell Thomson, Safety/Quality/Risk Mgr. – Appleton Area Health Services
Appleton Area Health Services

- Critical Access Hospital, Clinic, Care Center and Apple Ridge (senior living apts.)
- Appleton, MN – located rural western MN (3 hours west of Metro area)
- CAH – 15 bed
- Care Center – 50 bed
- Rural Health Clinic
Our Team

Team Members

Initially our team consisted of: Hospital DON, HR Director, HIM Mgr. and Safety/Quality/Risk Mgr. (while part of the Stratis Rural Patient Safety Culture Project)

Currently: Care Center DON and Safety/Quality/Risk Mgr.
Issue/Problem

- Sept. 2011 – 58 employees given AHRQ Hospital Survey on Patient Safety Culture (90% response rate)
- Nov. 2012 – Re-survey 56 employees given AHRQ (81% response rate)
- Wanted to improve Just Culture and Communication (using AIDET, SBAR, and Key Words at Key Times)
- Also want to improve Satisfaction/Quality
Goal or Aim

- Improve how we communicate with our patients, residents, and co-workers to provide the safest care to all.
- Improve Satisfaction/Quality.
Intervention 1

- **What** – Initially began with AIDET/SBAR to hospital nurses and providers (Feb./May 2012), then AIDET/Key words to all mgrs. at AAHS (Feb. 2013) and then to all staff April 2013

- **Why** - Improve communication and enhance safety, service and satisfaction.

- **How implemented** - Training done in stages beginning with basics. Discussed at Mgrs. meetings then departmental meetings and then to our employees at Employee Forum meetings.
Intervention 1 cont.

- **How motivated staff** - AIDET/SBAR badge cards (initially to hospital nurses/providers), SBAR phone reminders/report room, AIDET/Key words (included into job descriptions and also will become part of Employee Performance Review 2014), AIDET competency checklists, AIDET bracelets (given to all employees).

- **Barriers**
  - Difficult with small teams and time issues.
  - Takes time to hardwire. Holding people accountable.
  - Resistance to change.
Intervention 1 cont.

- **Solutions** - Ongoing reinforcement of process through Employee Forums, job descriptions, Performance Reviews. Sharing wins/success stories. Commitment at ALL levels. Not optional…mandatory!
Results

- Our facility wide annual Employee Satisfaction survey showed overall improvement.
- Improved Satisfaction and MN Quality Indicator Report results for Care Center.
- Recent CMS Survey at Care Center showed no deficiencies and surveyors
Results cont.

- On multiple occasions expressed satisfaction on staff’s ability to communicate.
- Hospital HCAHPS Patient Satisfaction Surveys saw a big improvement for Acute care and E.R.
What Surprised You?

- The time it takes to hardwire the process.
- Resistance of some staff to change, particularly the professionals.
- This communication process is really nothing new...but we often get too focused on a certain task and lose focus on communication.
Tools

- Education (powerpoints, Josie King video clip, Sue Sheridan video clip, AIDET/SBAR ID badge tags, SBAR signs by nurses phones/report room, AIDET posters, AIDET competency checklist (Studer website), Key words at key times, AIDET bracelets, job description additions, Performance Review addition, New hire orientation, access to Studer website and educational materials.)
Barriers

- Initially, when first started had small group (4) and staff changes also.
- Hardwiring process.
- Time needed to devote to project.
- Resistance/commitment from some players.
What Would You Change?

- Initially, start out with a larger team to get better implementation and commitment.
- Unstable management at beginning of the project, which improved greatly midway through. Need upper management commitment.
What Would You Recommend to Others?

- Have a good stable base team/working group to begin with.
- Hold leaders of your facility accountable to model the expected behaviors.
- Roll out slowly.
- Ensure hardwiring through job descriptions and performance reviews.
How Will You Sustain Your Successes?

- Through ongoing training and education at our Employee Forums and also included in new hire orientation.
- Not an option…mandatory!
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AIDET Name Badge Card

- **Acknowledge** - Greet people with a smile and use their names. Attitude is everything.
- **Introduce** - Introduce yourself to others and how you can help.
- **Duration** - Keep in touch and let others know how long it will be.
- **Explanation** - Talk, listen, and learn.
- **Thank You** - Thank somebody.
SBAR Name Badge Card

- **Situation** - What is happening with the patient?
- **Background** - What is the clinical background?
- **Assessment** - What do I think the problem is?
- **Recommendation/ Request** - What would I recommend or do to correct it?
Chippewa County Montevideo Hospital

- 25 bed Critical Access Hospital
- Southwest Minnesota
- Onsite clinic and 3 satellite clinics
- Provide services across the lifespan
- ED, OB, Med/Surg, ICU, Oncology, Cardiac Rehab, OR, Home Care, Diabetes Care, Dialysis, Mental Health
Our Team

L to R:
Peg Schumacher, Clinic Adm., Wendy Augeson, RN, Anita Zelenka, RN, Dr. Carol Lietzau, Vari Nelson, RN, Cathy Brouwer, RN, Melissa McGinty-Thompson, RN

Not pictured: Amy Rongstad, NP, Mark Paulson, Hosp. Adm., Linda Nelson DON, Sue Jerve, RN, Dr. Bruce Arvold, Dr. Nick Krueger
Success Path

Where we were in 2009……
2009

• 60% return rate on survey

The survey results drove our projects. Based on these results we chose to work on:

– Communication
– Team Support
Hospital Survey on Patient Safety Culture Composite Positive Responses
Comparison to the National Comparative Database 2009
(622 Hospitals, 196,462 Respondents)

- Chippewa County Montevideo Hospital & Clinic 2009 (n=150)
- 10th %ile 2000 National Database (622 hospitals)
- 90th %ile 2009 National Database (622 hospitals)
Success Path 2009

Hospital Survey on Patient Safety Culture Composite Positive Responses
Comparison by Work Area

- Chippewa County Montevideo Hospital & Clinic 2009 (n=150)
- Radiology (n=9)
- Admissions/Scheduling (n=9)
- Clinic (n=22)
- Cardiac Rehab/Oncology (n=7)
- Home Health (n=17)
Goal or Aim

Goal:

To enhance our communication to provide better hand off information to ensure the patient’s safety continues throughout the facility.
Interdepartmental Transfer Form

- Goal: To provide consistent hand off communication between departments
- Motivation: Explained the impact of lack of communication on the patient’s safety
- Response: Verbal resistance
Success Strategy 2

• SBAR communication
  – Name badges, forms, telephone notepads

• Goal: To improve communication between individuals across the facility

• Motivation: Provide examples of improved communication and its impact on both patients and staff satisfaction

• Response: Verbal resistance
Success Path

- Shared survey results all staff lunch and learn
- Asked for participation on workgroups from all levels of staff and all departments
- Developed and implemented tools with assistance of workgroups
Success Path

Resurvey of staff in 2011….
2011

- 61% return rate on the survey
Again we allowed our survey to drive our projects:
  - Hospital handoff communication
  - Non-punitive response to error
Hospital Survey on Patient Safety Culture Composite Positive Responses
Comparison To National Database

- Chippewa County & Montevideo Hospital 2011 (n= 191)
- 10th %ile 2011 National Database (1032 hospitals)
- 90th %ile 2011 National Database (1032 hospitals)
Hospital Survey on Patient Safety Culture Composite Positive Responses
Comparison by Work Area 2

- Chippewa County & Montevideo Hospital 2011 (n=191)
- Home Health Care (n=23)
- Lab (n=5)
- Radiology (n=7)
- Surg/Operating Room (n=12)

Categories:
- Overall Perceptions of Safety
- Frequency of Events Reported
- Manager Actions Promoting Safety
- Organizational Learning
- Teamwork Within Depts
- Communication Openness
- Feedback & Communication about Error
- Nonpunitive Response to Error
- Staffing
- Hospital Mgt Support for Safety
- Teamwork Across Hosp Depts
- Hospital Handoffs & Transitions
Success Path

Results!!

Where we are going......
Success Path

- Continue to work on communication both between departments and within departments.
- Work on perception of punitive response to errors.
Goal:
To enhance our communication and feedback to employees in response to reporting errors. We are educating the department managers and staff regarding Just Culture and have implemented the error algorithm to objectively review each error.

Patience!
What Surprised You?

- The volunteers!
- Commitment and continued follow through
Tools

• Interdepartment Transfer Form
• SBAR forms
  – Clinical
  – Non-clinical
• Just Culture algorithm
What Would You Change?

- Engage frontline staff from the very beginning
- Physician involvement
What Would You Recommend to Others?

- Get as many different disciplines involved from the beginning and seek input
- Have leadership support
- Encourage new employees to get involved
- Communicate, communicate, communicate!
How Have You Sustained Your Improvements?

- Continue to meet monthly
- Increased physician involvement
- Develop other processes that support the handoffs and communication
- Communication Team
- Leadership Support
- TCAB initiative
- Celebrate the successes
Contact Information

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Thank you!!