

# TeamSTEPPS in Iowa CAHs: Who Makes It Happen?



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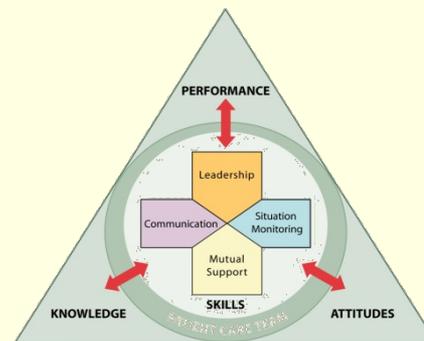
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# Objectives

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- ❑ Understand the primary concepts of TeamSTEPPS as a quality improvement approach designed to enhance healthcare team performance for patient safety
- ❑ Describe the lessons learned from critical access hospitals that have implemented TeamSTEPPS
- ❑ Identify key facilitators that have enhanced success in TeamSTEPPS adoption in critical access hospitals that apply to most quality improvement initiatives



# TeamSTEPPS

## Strategies and Tools to Enhance Performance and Patient Safety

*“Initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power, business and industry...to acquire team competencies”*



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PATIENT  
SAFETY



# What is TeamSTEPPS?

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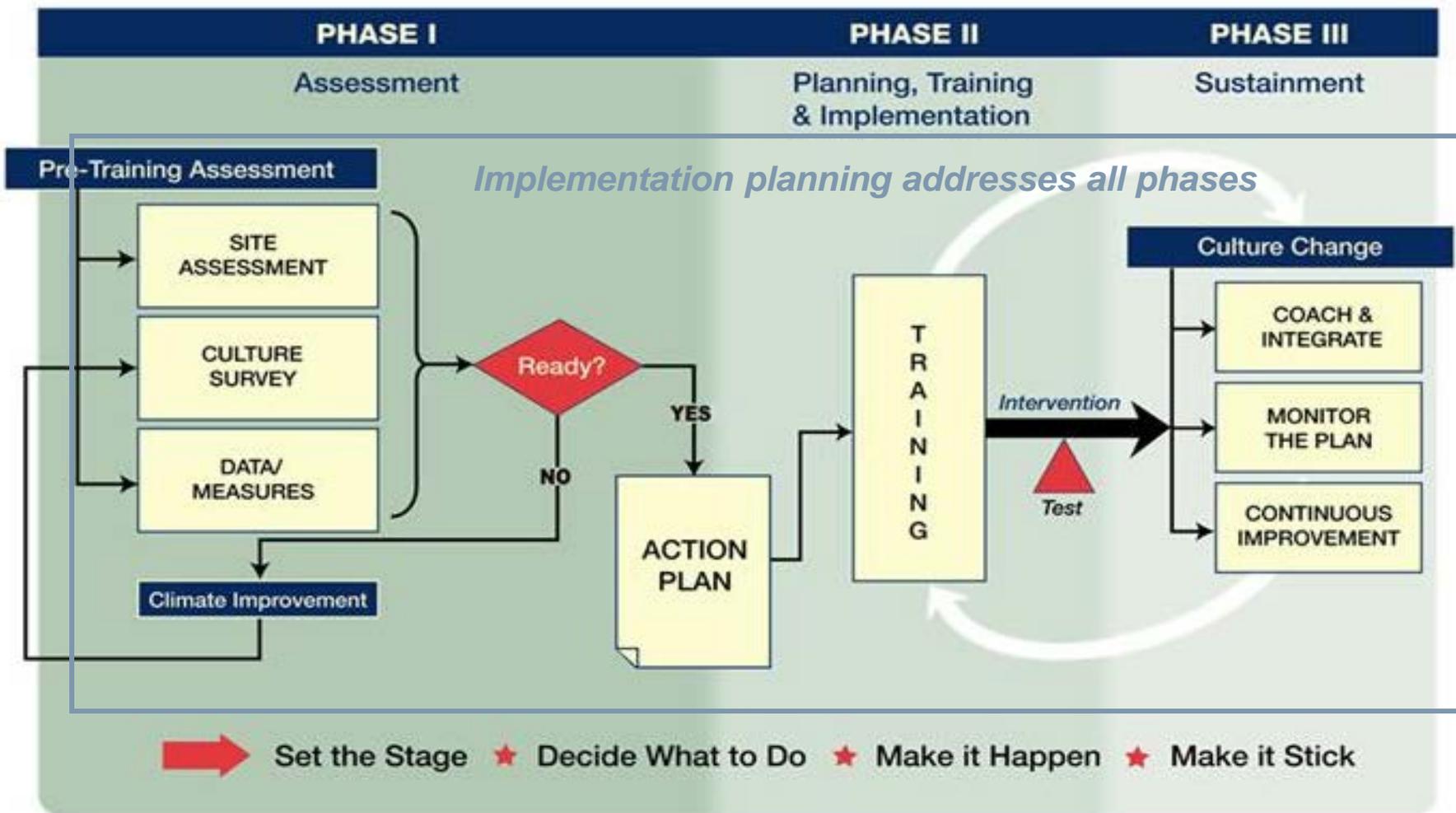
- An evidence-based teamwork system
- Designed to improve:
  - Quality
  - Safety
  - Efficiency of health care
- Practical and adaptable
- Provides ready-to-use materials for training and ongoing teamwork

# Why Use TeamSTEPPS?

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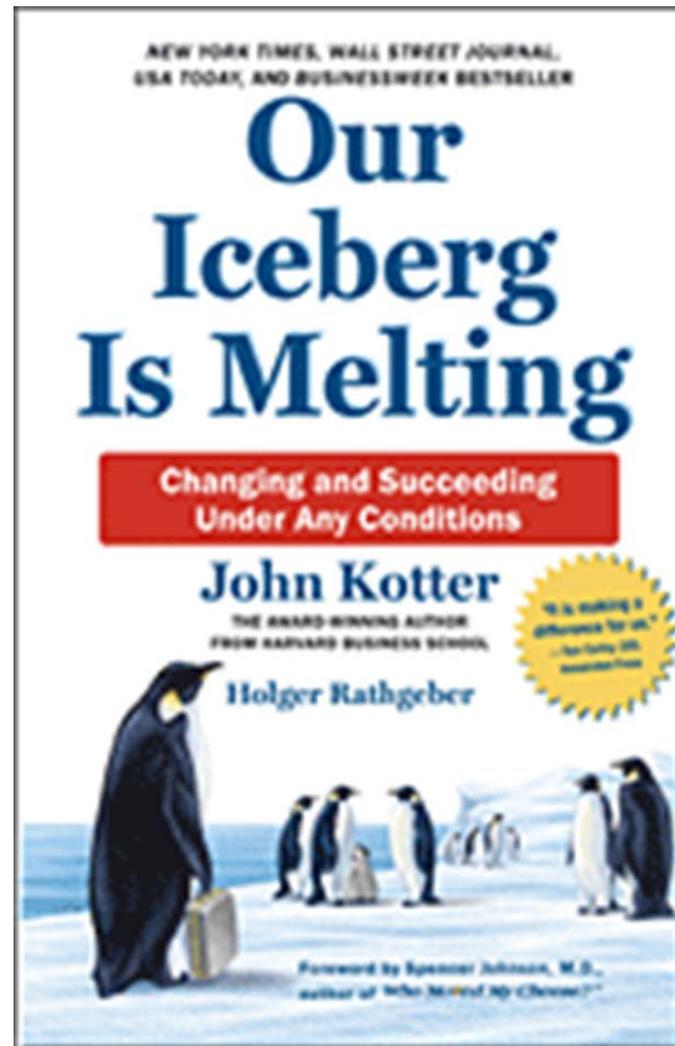
- Goal: Produce highly effective medical teams that **optimize** the use of **information, people** and **resources** to achieve the best clinical outcomes
- Teams of individuals who **communicate effectively** and **back each other up** dramatically reduce the consequences of human error
- **Team skills** are not innate; they must be trained

# Shift Towards a Culture of Safety



# TeamSTEPPS is Change Management

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# John Kotter's 8-Step Process of Successful Change

## □ SET THE STAGE

- 1. Create a Sense of Urgency
- 2. Pull Together the Guiding Team

## □ DECIDE WHAT TO DO

- 3. Develop the Change Vision and Strategy

## □ MAKE IT HAPPEN

- 4. Communicate for Understanding and Buy-in
- 5. Empower Others to Act
- 6. Produce Short-Term Wins
- 7. Don't Let Up

## □ MAKE IT STICK

- 8. Create a New Culture



# Pull Together a Guiding Team

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- An **administrative champion is key** to the success of TeamSTEPPS and other QI approaches, especially to herald resources.
- Hospitals are inherently hierarchical, so front-line staff may not be well positioned to drive change in most CAHs.
- Pull together a guiding team with a **mix** of administrative and front-line staff to **get buy-in**.
- Spend time working out an Action Plan **with involvement from the entire team**.

# Leadership Style

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- **Administrative** is the top-down approach that often involves radical change.
  - based on a formal strategic plan
  - transformational or vision building initiatives
  - authoritative methods of influence
- **Empowerment** is the bottom-up approach that often involves incremental change.
  - flexibility
  - small/incremental initiatives
  - empowering front-line people

# Administrative Leadership

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- Examples of TeamSTEPPS Hospitals showing an **Administrative Leadership Style:**
  - “We started with the executive team developing a business proposal for TeamSTEPPS in relation to the organization’s vision of patient safety and quality care.”
  - “An external consultant was utilized. Staff communication improvement was a main focus.”
  - “The CEO was the driving force of TeamSTEPPS.”
  - “We had no previous safety initiatives so administration wanted to train the entire staff.”

# Empowerment Leadership

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- Examples of TeamSTEPPS Hospitals showing an **Empowerment Leadership Style:**
  - “We are very local-driven, with both physician and nurse champions evident in TeamSTEPPS.”
  - “The nursing council was the driving force.”
  - “We started small, focusing on buy-in from a pilot unit”.
  - “We focused on empowerment and specifically wanted more rank and file and less administration.”
  - “Management should pick and choose battles, so their role is to get feedback and focus on the fit and do-ability of projects for the frontline staff.”
  - “We are very frontline focused. Management allows staff to identify issues and areas for improvement”.

# Mixed Style of Leadership

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- Examples of TeamSTEPPS Hospitals showing an **Administrative Leadership Style:**
  - Focused on the frontline, but administration helps to facilitate (“support the frontline” is their “book of business”). Piloted and then expanded to all staff.
  - Felt it was important to have both administration and frontline involved. They trained all managers, and then each department made their own action plan.
  - First administration identified starting areas, realized it needed to come from staff, so revised plan. Started small with basic tool in a pilot area, then expanded.
  - Administration worked to build relationship with local level and is very team focused. Organization values everyone’s input. Trained everyone.

# Lessons Learned about Style of Leadership

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- Lessons learned for **Administrative Style:**
  - Multiple hospitals reported that in hind-sight they should have started small.
  - Felt top-down. Perceived as another “flavor of the month”. Suffered from limited staff buy-in.
- Lessons learned for **Empowerment Style:**
  - Without an executive sponsor, it suffered from limited resources.
  - It was often difficult to expand to all staff.
- Lessons learned for **Mixed Leadership Style:**
  - Appears to have been the best approach for hospitals implementing TeamSTEPPS.

# UI TeamSTEPPS Project Team

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- The University of Iowa TeamSTEPPS Project Team includes:
  - **Marcia Ward, PhD**
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  - **Greg Stewart, PhD**
  - **Tom Vaughn, PhD**
  - **Xi Zhu, PhD**
  - **Michelle Martin**
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