A Demand for Interprofessional Collaboration

- Institute of Medicine (IOM) Publications: [www.nap.edu](http://www.nap.edu)
  - To Err is Human (2000)
  - Crossing the Quality Chasm: A New Health System for the 21st Century (2001)
  - Health Professionals Education: A Bridge to Quality (2003)
  - Improving Diagnosis in Health Care (2015)

Health Professions Education: A Bridge to Quality (IOM, 2003)

- Identified 5 core competencies for all health professions:
  - Patient-centered care
  - Interdisciplinary teams
  - Evidence-based practice
  - Quality improvement
  - Informatics

Interprofessional Educational Frameworks

- Interprofessional Capability Framework
  - United Kingdom, 2005
- The National Interprofessional Competency Framework
  - Canada, 2010
- Core Competencies for Interprofessional Collaborative Practice
  - United States, 2011
- The Curtin University Interprofessional Capability Framework
  - Australia, 2013

The National Interprofessional Competency Framework (Canada)

- Developed in 2010 by The Canadian Interprofessional Health Collaborative (CIHC)
- Identifies six core competency domains:
  1. Communication
  2. Patient-centered care
  3. Role clarification
  4. Team functioning
  5. Collaborative leadership
  6. Conflict resolution

Compare with IOM’s Competencies:
- Patient-centered care
- Interdisciplinary teams
- Evidence-based practice
- Quality improvement
- Informatics
Core Competencies for Interprofessional Collaborative Practice (United States)

- Developed in 2011 by the Interprofessional Education Collaborative (IPEC) [https://www.ipecollaborative.org/]
- Based on the 5 core competencies described in IOM’s report *Health Professions Education: A Bridge to Quality* (2003)

Core Competencies for Interprofessional Collaborative Practice

- “Using professional jargon creates a barrier to effective interprofessional care. A common language for team communication is a core aspect of the TeamSTEPPS team training program…” (p22)
- [https://www.ipecollaborative.org/resources.html](https://www.ipecollaborative.org/resources.html)
- Identified TeamSTEPPS as an effective foundation for meeting IPEC competencies

Core Competency: Communication

**TeamSTEPPS**

- Evidence-based Teamwork Tools to Optimize Patient Outcomes

TeamSTEPPS Curriculum

- Development
- Speaking up
- Free, open-access resources
- Five core principles:
  - Team structure
  - Leadership
  - Situation monitoring
  - Mutual support
  - Communication

Interprofessional Collaborative Practice

- Congratulations to Dr. Brandy Gunsolus, the first Doctor of Clinical Laboratory Science (DCLS)!
- Dr. Gunsolus participates in interdisciplinary teams providing patient-centered care during patient care rounding
- As medical laboratory professionals become more integrated into the patient’s interprofessional healthcare team, we must share a common language with other healthcare professionals

TeamSTEPPS Tools


<table>
<thead>
<tr>
<th>TeamSTEPPS Tool</th>
<th>Definition</th>
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| Brief – Huddle – Debrief | Strategy to sharing the plan, monitor, and review team performance
  - Brief – short session prior to start to share plan, discuss roles and responsibilities, and establish expectations
  - Huddle – break to either reinforce plan or assess and adjust plan
  - Debrief – occurs post-session to discuss performance, lessons learned, and reinforce positive behaviors |
| Call-outs | Strategy used to communicate important or critical information to inform all team members simultaneously and allow team to anticipate next steps. |
| Checkbacks | Using closed-loop communication to ensure that information conveyed by sender is understood by the receiver as intended. |
| CUS | Mutual support strategy to advocate for your patient. |
  - C – I am concerned
  - U – I am uncomfortable
  - S – This is a safety issue!
Tools, cont.

<table>
<thead>
<tr>
<th>TeamSTEPPS Tool</th>
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<tr>
<td><strong>Handoff</strong></td>
<td>Strategy designed to enhance information exchange during transitions in care.</td>
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<tr>
<td><strong>SBAR</strong></td>
<td>Used to communicate critical information requiring immediate attention in a standardized format.</td>
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<td>- S: Situation – What is going on with the patient?</td>
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<td>- B: Background – What is the clinical background of the patient or context of situation.</td>
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<td>- A: Assessment – What do I think the problem is?</td>
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<td>- R: What would I do to correct it?</td>
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<tr>
<td><strong>STEP</strong></td>
<td>Tool for on-going monitoring of situations in the delivery of healthcare.</td>
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<td>- S: Status of patient</td>
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<td>- T: Team Members</td>
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<td>- E: Environment</td>
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<td>- P: Progress Toward Goal</td>
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Instilling Team Culture

**Measures to Create Team Culture**
- Regular team assembly and interaction
- Trainings with objectives aligning with safety goals; evaluation of effectiveness
- Timely feedback and regularly addressing situations as they arise; conflict resolution
- Comfortable speaking up and obligation of team members to speak up when issues are discovered
- Interdisciplinary communication toward a common, shared goal
- Cognizant of situation at hand
- Full commitment to the program
- Dedication, persistent effort, and leadership from the highest level

TeamSTEPPS Applied

- **Trauma Team Performance Observation**
- **Improvements in:**
  - TeamSTEPPS core principles
  - Time to CT Scanner
  - Time to Operating Room
- **Tools:**
  - Briefing
  - STEP
  - CUS
  - Call Outs
  - Check Backs

Team STEPPS Applied: Effective Team Leaders

- **Team STEPPS encourages communication, collaboration and effective team leaders**

TeamSTEPPS Applied

- **Surgical Environment**
- **Impact:**
  - Positive Communication
  - Less Surgeon Complaints
  - Decreased Turn-around time
  - Positive Reception of Training
- **Approach:**
  - Debriefing
  - Simulation

TeamSTEPPS Applied

- **Interventional Ultrasound PQI**
  - Teamwork
  - Safety Climate
- **Tools:**
  - Brief-huddle-debrief
  - Simulation
- **Results:**
  - Development of well-coordinated team
  - Ability to speak-up
  - More appropriate feedback
TeamSTEPPS

Nursing Concerns

• Impact of nurse-physician communication on patient safety
• The importance of proper communication during shift report
• The nurse as a “case manager”

Medical Imaging Concerns

• Medical Imaging Utilization & Exam Appropriateness
  – 1/3 of procedures inappropriately ordered in U.S.
  – 26% of CT and MRI exams for inappropriate indications by PCPs
• Needs:
  – Interdisciplinary communication

CUS in Medical Imaging

• CUS, a mutual support mnemonic, can be used if the technologist is still uncomfortable upon application of checkback:
  – Pregnancy status
  – Diabetic conditions
  – Renal function
  – Inappropriate protocol ordered per patient history
  – Recent applicable study conducted

Checkbacks for Medical Imaging

• Checkbacks, a communication tool, can be used to:
  – Verify orders for suspicious indications
  – Report previous patient imaging studies prior to proceeding with the exam
  – Verify the appropriateness of contrast and/or multi-phase imaging approaches

Medical Laboratory Science

• Points of potential interprofessional collaboration
• Opportunities for application of TeamSTEPPS tools
• Need for a common language to connect with other disciplines

Medical Laboratory Science Concerns

• Diagnostic Lab Test Utilization & Appropriateness
  – Single highest-volume medical activity
  – Drives clinical decision-making
  – Overall mean rates of overutilization at 20.6%
  – Overall mean rates of underutilization at 44.8%
• Needs:
  – Interdisciplinary communication
Checkbacks for Diagnostic Testing

- Checkbacks, aka Repeat Back:
  - Report critical patient results that must be called immediately after testing is complete
  - Verify the addition or modification of testing orders to a sample already in the lab

Situation Monitoring

- Situation monitoring (individual skill)
- Situation awareness (individual outcome)
- Shared mental model (team outcome)

Handoffs

- Handoffs are a communication tool that can be used to inquire on:
  - Patient’s current health status
  - Ability to complete the procedure
  - Potential of changing imaging exams from portable to department
- Used when:
  - Transferring care between departments
  - Shift change to ensure that previously acquired details are documented and/or understood

Interdisciplinary Communication

- Teaching universal “communication” and “how to address conflict” encourage health professionals to “speak the same language”
  - Communication: SBAR, Checkbacks
  - Conflict: CUS, DESC
- The use of “huddles” to decrease hospital re-admission

Factors to Consider

- 62 year old male
- History of chronic kidney disease and hypertension
- The CT scan is scheduled for later this afternoon and contrast will be administered at this time
- Do we need to be concerned about contrast-induced nephropathy (CIN)?
  - What test(s) should be run before administering the contrast?
  - How can we communicate our concerns?
TeamSTEPPS Value

- Benefits:
  - More accurate imaging orders
  - More appropriate test ordering
  - Process streamlining
  - Technologist vocalization
  - Reduced medical errors
  - Improved clinical outcomes
- Interdisciplinary team education more effective than discipline-specific

Team STEPPS in the Academic Setting

- Consider the results if Team STEPPS were taught to all students in health care
- Encourage universal communication and decreased errors
- Foster team-based care from the very beginning of their professional education

Conclusion

- TeamSTEPPS improves teamwork in healthcare
  - Could be used to address appropriateness concerns
  - Single common goal maximizes patient safety
- All healthcare professional voices are important and need to be heard

Questions?

- What is the challenge your organization is facing that is linked to a problem with teamwork and/or communication?
- Is the teamwork issue related to communication, leadership, mutual support, or situation monitoring? What tools might you consider to address the issue?
  - SBAR, Call-Out, Check-Back, Brief-Huddle-Debrief, Task Assistance, CUS, DESC
  - Is there a lack of a shared mental model?
- If you had to identify only one tool or strategy to implement first, which one would it be and why?

References