



Understanding TeamSTEPPS®

**Your guide to what TeamSTEPPS is and the
various methodologies for implementing it
to help create and sustain a culture of
safety and high-quality patient care**



► Introduction

All hospitals and health systems see patient safety as a foundational mission. Yet despite the focus on this issue through a variety of patient-safety programs, challenges remain in this vital area. A study (<https://www.bmj.com/content/353/bmj.i2139>) published in BMJ in 2016 found that medical errors are the third leading cause of death in the U.S. (behind only heart disease and cancer), accounting for about 251,000 deaths per year.



Teams that communicate effectively and have mutual support reduce the potential for error, resulting in enhanced patient safety and improved clinical performance.



And while safety experts have debated the way that this and other studies calculate medical error-related deaths, there is no argument that this issue remains one of health care's most costly and vexing challenges. No deaths from preventable error should be acceptable.

Amid the research on this issue and the best way to address it, one underlying point continues to be underscored: There is a need for teams to communicate more effectively and for organizations to create and sustain a culture of safety. Team training has been a bright spot in the patient safety movement as it improves communication, teamwork, and the leading of those teams.

The Institute of Medicine report "Health Professions Education: A Bridge to Quality" identified that physicians and other health care professionals lack adequate training in providing high-quality health care to patients when it comes to communicating effectively. At VA hospitals, communication failure was a primary contributing factor in almost 80 percent of more than 6,000 root cause analyses of adverse events and close calls. The Joint Commission annual reports on quality and patient safety have identified inadequate communication as the leading root cause of sentinel events. They report that nearly 80 percent of adverse events are related to communication, leadership and human-factors issues. Team training addresses these elements.

Teams that communicate effectively and demonstrate mutual support reduce the potential for error, resulting in enhanced patient safety and improved clinical performance. Increased, effective team communication also improves the quality of working relationships and job satisfaction.

Teamwork, however, is not innate; it must be learned. Improving a hospital's or care system's culture is a challenge. One of the few team-training interventions that has proved effective is TeamSTEPPS® — Team Strategies and Tools to Enhance Performance and Patient Safety.

The U.S. Department of Defense Patient Safety Program developed the TeamSTEPPS program in collaboration with the Agency for Healthcare Research and Quality (AHRQ). AHRQ released it to the public in 2006 and, in 2007, a national implementation program began. The American Hospital Association (AHA) began running this national program in 2011. Since then, the curriculum has been used by many health care organizations, across the care spectrum and around the world, as an effective way to improve patient-safety culture.

The genesis of TeamSTEPPS was the airline and other highly reliable industries like nuclear power and community emergency response systems. These industries focus on risk mitigation, accident avoidance and accident recovery, which are crucial and applicable to health care. Once created, it underwent extensive field testing in the military health system and with several civilian health systems. Many of those health systems continue to partner with the AHA to bring this work to the field.



This guide outlines what TeamSTEPPS is and various methodologies for implementing based on your organization's goals and resources. Case studies in the guide highlight the work of several health care systems that are using TeamSTEPPS to create and sustain a culture of safety and provide high-quality care to patients.



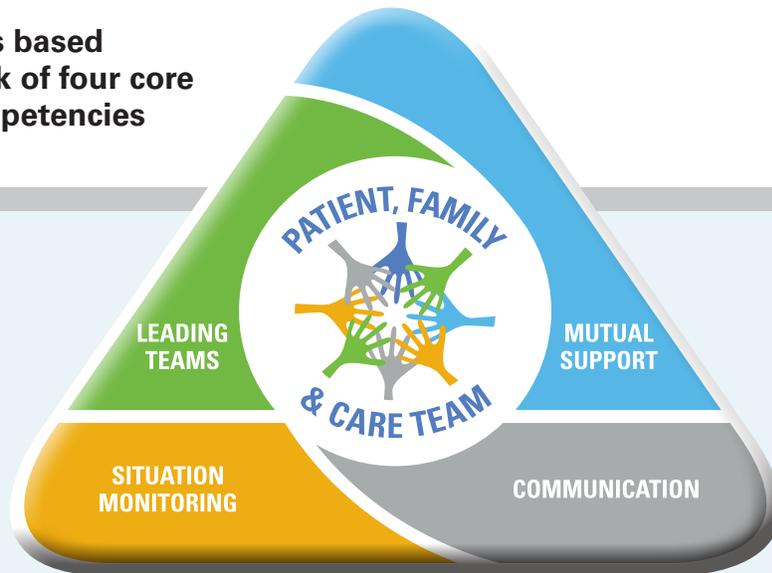
► About TeamSTEPPS

Quite frankly, TeamSTEPPS works. It is evidence-based and teaches clinical and nonclinical providers to communicate more effectively and become empowered and engaged.

Field leaders agree that teamwork training to address patient safety is important. For example, the National Committee for Quality Assurance Patient-Centered Medical Home Recognition requires teamwork training. As it becomes evident that team skills must be learned, many health care organizations are finding it imperative to improve teamwork and communication skills and incorporate those skills into standard operations. Involving all clinical and nonclinical staff as well as patients and families in these teams is critical to success.

TeamSTEPPS is a vital tool to help in this effort. It's more than an initiative. Many organizations adopt the motto "TeamSTEPPS is the way we do business." It isn't something else to do, it is something to help you do everything else. It helps shape your culture. It's comprehensive and customizable to any organization and the tools are practical.

► TeamSTEPPS is based on a framework of four core teamwork competencies



1

COMMUNICATION:

Effectively exchange information among team members, regardless of how it is communicated.

2

LEADING TEAMS:

Direct and coordinate, assign tasks, motivate team members and facilitate optimal performance.

3

SITUATION MONITORING:

Develop common understandings of the team environment; apply strategies to monitor team members' performance; maintain a shared mental model.

4

MUTUAL SUPPORT:

Anticipate other team members' needs through accurate knowledge; shift workload to achieve balance during periods of high workload or stress.

TeamSTEPPS provides specific tools to support these four core teamwork competencies, such as briefs, huddles, debriefs, two-challenge rule, CUS, SBAR and check-back. Brief descriptions of select teamwork tools are outlined on the next page.

► Teamwork tools to enhance patient safety

| | TOOLS | BRIEF DESCRIPTION |
|----------------------|---------------------------|--|
| COMMUNICATION | SBAR | <ul style="list-style-type: none"> • A standardized technique for communicating critical information that requires immediate attention and action concerning a patient's condition. • SBAR stands for Situation, Background, Assessment and Recommendation/Request. |
| | CALL-OUT | <ul style="list-style-type: none"> • A tactic used to communicate important or critical information. It informs all team members simultaneously during emergent situations and helps team members anticipate next steps. |
| | CHECK-BACK | <ul style="list-style-type: none"> • A strategy for closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended. |
| | HANDOFF | <ul style="list-style-type: none"> • The transfer of information during transitions in care across the continuum. It provides an opportunity to ask questions, clarify and confirm. • A specific tool for this is "I PASS THE BATON", which is designed to enhance the information exchange. |
| LEADERSHIP | BRIEF | <ul style="list-style-type: none"> • A short session prior to the start of a procedure or event to share the plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, and anticipate outcomes and likely contingencies. |
| | HUDDLE | <ul style="list-style-type: none"> • Ad hoc meeting to re-establish situational awareness, reinforce plans already in place and assess the need to adjust the plan. |
| | DEBRIEF | <ul style="list-style-type: none"> • Informal information-exchange session designed to improve team performance and effectiveness through lessons learned and reinforcement of positive behaviors. |
| SITUATION MONITORING | STEP | <ul style="list-style-type: none"> • A tool for monitoring situations in the delivery of health care and useful in situation monitoring of the patient. • STEP stands for Status of the patient, Team members, Environment, Progress toward goal. |
| | CROSS-MONITORING | <p>A harm error-reduction strategy that involves:</p> <ul style="list-style-type: none"> • Monitoring the actions of other team members. • Providing a safety net within the team. • Ensuring that mistakes or oversights are caught quickly and easily. • "Watching each other's back." |
| | I'M SAFE CHECKLIST | <ul style="list-style-type: none"> • A checklist used during situation monitoring by each team member to assess his or her own safety status. • I'M SAFE stands for Illness, Medication, Stress, Alcohol and Drugs, Fatigue, Eating and Elimination. |
| | TWO-CHALLENGE RULE | <ul style="list-style-type: none"> • Empowers all team members to "stop the line" if they sense or discover an essential safety breach. |
| MUTUAL SUPPORT | CUS | <ul style="list-style-type: none"> • An assertive statement used when a team member would like to "stop the line." <i>CUS stands for "I am Concerned!" "I am Uncomfortable!" "This is a Safety Issue!"</i> |
| | DESC SCRIPT | <ul style="list-style-type: none"> • An approach for managing and resolving conflict. • DESC stands for Describe, Express, Suggest, Consequences. |



► How to implement TeamSTEPPS

Health care organizations can use multiple approaches to implement TeamSTEPPS. Customization is key. In one approach, an organization might implement TeamSTEPPS as a method to conduct a specific quality-improvement initiative. For example, a hospital may start with a high-risk department such as the emergency department, operating room or labor and delivery. Staff implement tools to improve a process and then, if successful, expand to other processes, team members or departments. Using a small test of change, an organization can assess the implementation to identify what works and where there is opportunity for improvement. This approach is more manageable for an organization looking to initially test TeamSTEPPS and it establishes results that can encourage buy-in for implementation on a grander scale.

Another potential approach encompasses a multidepartment or full-system training. With this approach, the organization has staff members attend a TeamSTEPPS Master Training course. After the coursework, trainers can begin rolling out TeamSTEPPS by department or facility. Many organizations have used this approach and incorporated TeamSTEPPS into new-employee orientation or onboarding. Hospitals and care systems typically use this approach when looking to make a full-system cultural change. This approach requires buy-in at the highest levels of leadership and ownership of the program locally in each department. In the next section there is a table that helps connect an organization's goals for its training to potential training options with the AHA.

► Bringing TeamSTEPPS to your organization

Making any significant change can seem overwhelming. Thus, it's important to take time to plan and to be deliberate in taking each step toward improving your processes and operations.

As you consider where to begin your journey with TeamSTEPPS, it's important to ensure that the targeted area is properly prepared. You'll need widespread support for this initiative — beyond a single profession such as nursing — all the way through senior leadership of the targeted area. Likewise, it's important to recognize when it may not be the right time for this journey. An example of this would include whether the area being considered for training is already experiencing low-performance issues or there is conflict among the team members. Similarly, if the team is burned out or deep into a major initiative such as implementing a new electronic health record system, it's wise to delay the training and begin with an area in which you can get quick wins when initially rolling out TeamSTEPPS.

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1 Pull together the right team

Once you have the proper organizational support and are ready to proceed with TeamSTEPPS training, you'll want to pull together the right team. You'll also want to take an interprofessional approach to assembling your team, including both clinical and nonclinical staff. Ensure clinical representation across the team. Nonclinical staff are also important because they are valuable team members and may provide insight into situations that others may not have. Remember, each profession may see things differently based on their education, experience and area of focus.

Be sure to select both formal and informal leaders. Formal leaders are those in management positions. Informal leaders should come from all strata of the targeted area. These are people who provide leadership in situations, people who are trusted and respected, people who take time to coach others.

2 Be transparent

Transparency is vital in the process of implementing TeamSTEPPS training. You'll need to communicate the organization's vision to the team at the outset to enhance understanding of the culture change. This will help team members to take ownership of TeamSTEPPS. Before the team is trained, you'll want to ensure that team members are clear on expectations and next steps. Get their input from the start. Buy-in is important, but ownership is paramount. You want them to feel that they have "skin in the game" and that they had a part in designing what will happen. If they know TeamSTEPPS is going to happen but get to choose how they do it, the implementation will go more smoothly.

3 Clearly define the goal

Goals for the initiative need to be clearly defined. The challenge you are trying to solve must be specific and go beyond broad objectives such as "improving communication." This is vital. You'll also want to collect data about the issue being examined or review data you're already collecting. Try not to create more work in this stage.

► Use data to help define your goal



Root cause analysis data



Near-miss events



Failure modes and effects analysis



Culture surveys



HCAHPS patient satisfaction



Focus groups

4 Keep the scope in mind

To be truly effective, TeamSTEPPS implementation needs to be covered at multiple levels in the organization. The project vision, expectations, staff-support strategy and recognition-and-rewards actions will be developed at the organizational level. The departmental level addresses resources, identifies barriers and aligns the work to the vision. The unit level includes the change team and assesses, tests and adapts the tools as needed to embed them into the safety culture. This seems like a heavy lift. So, while it is important at the start to keep the end in mind, it is also important to address the critical moves one at a time. What challenge will you solve first? How will you communicate successes before you move on to the next department or challenge?



5 Identify TeamSTEPPS training options

TeamSTEPPS is customizable and many implementation strategies are used based on an organization’s goals and resources. The crosswalk below illustrates several ways organizations began their TeamSTEPPS journey and the approach they took to be initially trained and how they subsequently implemented their plan based on their organization’s unique needs. The case studies in this guide provide greater detail on successful results achieved with TeamSTEPPS training. The AHA is available to partner with organizations on all of these implementation strategies.

► TeamSTEPPS training options

| Your TeamSTEPPS Goals | Training Options with AHA | Results | Post-Training Support |
|--|---|--|---|
| Learn TeamSTEPPS tools and implement as needed | 4-Hour Essentials <i>Learn the basic tools and principles of TeamSTEPPS in 4 hours.</i> | Staff have a basic understanding of the TeamSTEPPS tools and principles and can use them in their daily work. | Free public webinars or customized webinars AHA Team Training co-facilitation with your new Master Trainers Coaching (remote or in-person) Customized specialty courses (e.g., resilience, patient and family engagement, gaming, etc.) Leadership consultation/briefing Develop/implement sustainability models |
| | 1-Day Fundamentals <i>Learn the basic tools and principles of TeamSTEPPS in 8 hours. A special focus is placed on implementation.</i> | Staff have a baseline understanding of the TeamSTEPPS tools and principles and a plan to use them to address their chosen initiative. | |
| Use TeamSTEPPS for a quality-improvement initiative in a department or specific area | 2-Day Master Training <i>This course uses a train-the-trainer approach to educate participants in the TeamSTEPPS Fundamentals content and in methodologies for training and coaching others.</i> | Master Trainers understand the TeamSTEPPS tools and principles and can teach and coach others to build capacity within the department or organization. A “first steps” implementation plan is created. | |
| | Long-term Engagement <i>This 1-2 year program starts with an organizational assessment stage, continues through rounds of Master Training and concludes with significant work in setting up a sustainable and spreadable TeamSTEPPS program. Connections are made to “big-picture” organizational priorities.</i> | Organizations build capacity over time as TeamSTEPPS is rolled out in multiple, strategic departments. Measurable results are seen. The AHA faculty slowly cedes ownership of the process to the hospital or system. | |
| Create culture change by using TeamSTEPPS hospital or systemwide | | | |

*Customization available for all training options



6 Creating sustainable change

TeamSTEPPS training and implementation change how teams work together on an ongoing basis, and this change is intended to be sustainable. Sustainability is not static, it is a constant evolution. So, focus needs to be not only on training teams but also on providing sufficient time for teams to continue practicing the teamwork and strategies in their daily work. Hospital and care system leaders should play an active role in emphasizing the importance of maintaining a culture of safety with the support of TeamSTEPPS principles. To be sustainable, training should not be a one-time occurrence. Instead, training should be built into an organization's or department's ongoing staff training.

To sustain TeamSTEPPS in your organization, it's important to identify how it will be sustained and how it will evolve. Again, sustainment is customizable to your organization, but two prominent sustainment models exist: consultant and council.

In **The Consultant Model**, expertise is centralized in a single department and Master Trainers work with groups/ departments upon request. They train the groups or departments and help with implementation and coaching.

In **The Council Model**, expertise is spread across the organization so departments have a stronger sense of ownership. Each department or service line develops councils that feed up to the top of the organization.

► The Consultant Model vs. The Council Model

The Consultant Model

Expertise is centralized in a single department/area and Master Trainers work with groups/departments upon request. They train the groups or departments (through either the Essentials, Fundamentals or Master Training Course) and help with implementation and coaching.

- Core team of Master Trainers in shared department (i.e., quality, simulation center, education).
- Core team administers readiness assessment in interested department/office.
- If ready, core team designs and executes course to meet needs of department.
- Departmental leadership responsible for sustainability.
- Core team checks in to ensure continuation of program.

The Council Model

Expertise is spread across the organization so departments have a stronger sense of ownership. Each department or service line develops councils that feed up to the top of the organization.

- Departments/offices send individuals to become Master Trainers.
- Master Trainers return to their departments and train individuals to be instructors.
- Instructors develop courses specific to needs of their departments.
- When 75 percent of department is trained a council is formed.
- Councils are responsible for considering how TeamSTEPPS can be:
 - Used in all new initiatives.
 - Connected to work in adjacent departments.
 - Sustained over time.
- A systemwide council is formed to make connections and coordinate work of established councils.

CASE STUDY 1

► **University of Iowa Hospitals and Clinics** | Iowa City, Iowa

Situation | Iowa River Landing (IRL), a large multispecialty ambulatory site within the University of Iowa Hospitals and Clinics, uses specific TeamSTEPPS tools to improve patient safety, satisfaction and staff engagement by developing a culture of empowerment and accountability.

Background | The University of Iowa Hospitals and Clinics is Iowa's only comprehensive academic medical center and a regional referral center. In the fall of 2012, the system opened its off-site ambulatory facility, IRL, to help decompress clinic visits at the main hospital and provide convenient access for outpatient visits.

IRL is made up of many different teams of staff that serve more than 20 different clinics. Clinic sizes range from only a few providers, one nurse, two to three medical assistants and a small number of support staff to many providers and seven nurses, 20 medical assistants, clinic pharmacists and support staff. IRL leadership felt that TeamSTEPPS tools could help promote teamwork both within these settings and across the building. It was imperative to find a way to roll out TeamSTEPPS in a customizable and flexible manner.

Clinical leaders said they were looking for ways to improve patient safety and satisfaction as well as staff engagement. They wanted to create the type of teamwork in the ambulatory environment that occurs in the operating room, where everyone is focused on the welfare of the patient.

Assessment and analysis | Leadership identified a team to attend a two-day TeamSTEPPS Master Trainer course at a regional training center. The associate director of nursing and a front-line manager, took the lead and worked to create a project plan on how to develop a TeamSTEPPS curriculum specific to IRL's many needs. A change team comprising 25 staff members representing all disciplines was trained. These champions were individuals who were viewed by the staff as leaders, were providers or had strong relationships with providers and who consistently modeled effective teamwork. They would serve as additional trainers over time, as well as being the "boots on the ground" needed to help motivate and influence staff.

To accommodate the outpatient environment, training was conducted in a series of monthly 60-90-minute sessions for five consecutive months. Training often focused on an individual tool, such as CUS, or a suite of tools such as briefs, huddles and debriefs. Training focused on addressing a problem that needed to be solved. It was vital to tailor training experiences to the clinic. Without doing so, it would have been less meaningful and more time-intensive. Nurse engagement has improved as well as elements on patient safety-surveys such as how well teams work together and the likelihood to recommend the practice.

Recommendations and lessons learned | The University of Iowa Health Care team learned the following:

- Practice matters. Their sustainment of TeamSTEPPS focused on a mock simulation program in which departments met quarterly to practice the tools and strategies. Scenarios from medical emergencies to interpersonal interactions were practiced.
- Be sure to debrief. In a structured debrief, teams are provided immediate feedback and coaching from their peers, which encourages open communication and a supportive work environment.
- Not everyone needs to be a Master Trainer: IRL learned that it is better to have a small cadre of Master Trainers and a change team to support them. The organization also learned to make implementation interactive and manageable so as to avoid information overload.

Nurse engagement improved as well as elements on patient safety surveys such as how well teams work together and the likelihood to recommend the practice.



CASE STUDY 2

► **University of Washington Medicine** | Seattle

Situation | University of Washington Medicine (UW Medicine), using an internal consultant model, is systematically implementing TeamSTEPPS throughout the system's four hospitals and clinics within the organization. During the last five years, multiple departments have embarked in deep dives to facilitate hardwiring TeamSTEPPS into the culture.

Background | UW Medicine has four hospitals and more than 200 clinics, and serves patients in a four-state region that includes Washington, Wyoming, Alaska, Montana and Idaho (WWAMI).

During early implementation of TeamSTEPPS, there were silos throughout the system attempting to incorporate TeamSTEPPS training, with no standardized approach or coordinated plan. Key leaders in the system realized didactic training alone, or the "spray-and-pray" approach, was ineffective in implementing and sustaining culture change related to communication or teamwork.



In 2013, UW Medicine developed a new program, Team Collaboration for Organizational Excellence (TeamCORE), to facilitate TeamSTEPPS implementation using an ongoing consulting model. It provided support for departments ready for TeamSTEPPS implementation.

Assessment and analysis | In 2016, TeamCORE partnered with one of those departments, Surgical Services at Harborview Medical Center (HMC), the Level I trauma center serving the WWAMI region. Using the TeamSTEPPS Teamwork Perceptions Questionnaire (T-TPQ) as baseline data, a change team consisting of surgeons, anesthesiologists, RNs, scrub techs, sterile processing techs, housekeeping and leadership met monthly, with TeamCORE faculty helping to guide the process. The faculty discussed opportunities to get quick

successes and the best way to focus the training. Based on T-TPQ data, which showed opportunities for improving department efficiency and having a better understanding of roles and responsibilities, the change team focused on implementing briefs in HMC's 27 ORs every morning, discussing the plan for the day in that specific OR.

An innovative training plan was designed and co-facilitated by TeamCORE faculty and the change team members.

- Training sessions were held for everyone in the department, and included one two-hour session. More than 500 people from all professions attended the trainings over a four-month period.
- Many sessions were split into two one-hour sessions to eliminate the need to close down any ORs for the training.

A pilot of five surgeons started in August 2016, using a brief template designed by the change team, with implementation across all service lines on Jan. 2, 2017. Measurement included process measures and evaluative measures.

- Baseline data, in addition to the T-TPQ, included the culture of safety survey, employee engagement survey and patient satisfaction surveys.
- Using the brief template form, it showed the brief improved efficiency by discovering information for subsequent cases 60 percent of the time. Currently, the brief occurs approximately 90 percent of the time, and the average length is about three minutes.
- The brief has been well-received by all members of the team, and follow-up surveys indicate the brief has improved the overall culture in surgical services.

Recommendations and lessons learned | The implementation and sustainment strategy to start small —

The implementation and sustainment strategy to start small — by implementing one to two tools at a time — has been instrumental in maintaining the progress in surgical services.

by implementing one to two tools at a time — has been instrumental in maintaining the progress in surgical services. Although implementing the brief was a big process and culture change for the department, the frontline staff owned the process and members of the surgical services team immediately found value in the morning brief. The change team shared results frequently within the department, which helped maintain the momentum. Over the last two years, members of the surgical services change team have presented their results at local, regional and national conferences, giving them a chance to “show off” their program and allowed them an opportunity for professional growth.

CASE STUDY 3

► MetroHealth System | Cleveland

Situation | The MetroHealth system has implemented and sustained TeamSTEPPS within its organization for the past five and a half years. All 7,500 staff have been trained and 15 TeamSTEPPS Action Councils meet monthly to develop and conduct quality-improvement projects. TeamSTEPPS is now part of its culture, included in its new employee orientation and integrated with its quality and patient-safety programs.

Background | The MetroHealth System is a public institution serving Cleveland and the surrounding county for the past 180 years. MetroHealth has a Level I trauma unit and burn center and a Level III neonatal intensive care unit. Annually, MetroHealth provides approximately 1.4 million ambulatory visits, 140,000 emergency department visits, delivers more than 3,000 infants and responds to over 5,000 trauma activations. Currently, it has a main campus with 5,500 inpatient beds and 22 ambulatory health care centers.

In 2013, MetroHealth underwent a transformation because of changes in key leadership, the anticipated addition of a large ambulatory network and struggles with an ever-changing health care environment. These factors negatively impacted staff morale. TeamSTEPPS was viewed as a key element to assist with this transformation.

A TeamSTEPPS champion and change team were identified. The team explored various programs, reviewed the literature and corresponded with various organizations using TeamSTEPPS. Once the Change Team was convinced of the value of TeamSTEPPS, a proposal was developed for MetroHealth’s leadership.

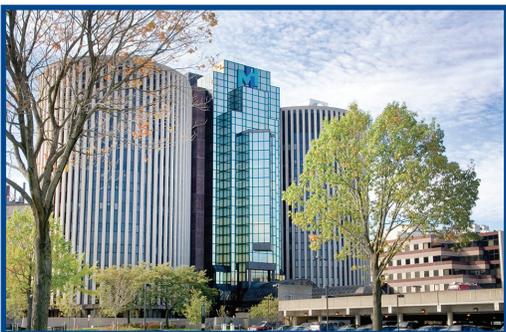
The proposal included: training all staff (clinical and nonclinical); use of the train-the-trainer model; and development of a strategy for sustainability. The goal was, and continues to be, to engage and empower all staff to improve the quality of patient care and to enhance patient safety.

Assessment and analysis | The implementation strategy was to use the train-the-trainer model throughout the organization. They began with six TeamSTEPPS Master Trainers and gradually built that number to the current cadre of more than 30. All Master Trainers are volunteers and have full-time positions with MetroHealth.

As each department was approached for implementation, a “readiness” assessment was conducted, ensuring that leadership had support and that staff were willing and able to begin the TeamSTEPPS training. This assessment included a modified version of the AHRQ Patient Safety Survey.

Once a department was determined to be “ready,” staff members were identified to be TeamSTEPPS instructors. Instructors completed eight hours of TeamSTEPPS fundamentals training (which is the first day of the Master Training course) and

As each department was approached for implementation, a “readiness” assessment was conducted, ensuring that leadership had support and that the staff was willing and able to begin the TeamSTEPPS training.



received coaching on how to effectively teach the materials. Master Trainers conducted the course. The Instructors were given the AHRQ TeamSTEPPS PowerPoint presentations as templates. They were directed to modify the PowerPoint presentations to be relevant to their area, employing illustrations, activities and brief video clips that would speak directly to their staff. Thus, each department was trained by instructors from within their department with a curriculum that was designed specifically for them.

The four-hour staff sessions focused on TeamSTEPPS essentials, emphasizing the tools and strategies that would be most beneficial based upon their AHRQ survey results. As the implementation progressed, instructors began sharing ideas for educational games and fun videos to help teach TeamSTEPPS concepts. Currently, several hundred Instructors now serve as coaches.

Implementation results and highlights include: (1) improved AHRQ Patient Safety Scores; (2) reduction in malpractice suits; (3) increased safety event reports; (4) establishment of 15 TeamSTEPPS Action Councils that develop, conduct and evaluate quality-improvement projects, focusing on improving patient safety, enhancing patient experience, increasing employee engagement, and optimizing clinical and nonclinical processes.

Recommendations and lessons learned | MetroHealth's key lessons learned:

- Ensure that you have leadership's support. Without the support of the C-suite, department chairs, service-line directors, unit managers, etc., the TeamSTEPPS activities will encounter repeated roadblocks.
- The most important item to request from leadership is staff time away from work. MetroHealth's Master Trainers completed two full days of training; instructors completed one full day of training and all remaining staff completed a half-day of training. Also, TeamSTEPPS Action Councils meet monthly for one hour and the subcommittees meet for an additional hour each month to work on their quality-improvement projects.
- Engage your physicians in the training and sustainability processes. TeamSTEPPS is not a nursing initiative or quality initiative. It needs to be interdisciplinary, including all clinical staff, especially the physicians. If they do not participate, the other staff tend to question the sustainability of the program.
- Upon completing training, quickly engage staff in a quality project that will allow them to use the TeamSTEPPS tools and strategies they learned. Without using the skills, the staff will soon forget what they learned and will view it as simply another training.
- Finally, emphasize that TeamSTEPPS is not another initiative. Explain that it is a set of tools and strategies to improve the efficiency and effectiveness of the work that your staff are already doing.

How Far Can Your Team Go?

Contact AHA Team Training to set up a consultation on how TeamSTEPPS can work for you.

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