



# Implementation of TeamSTEPPS

Trynequa Jones DNP, RN

Duke University Health System



DukeHealth

## Introduction

- Team Strategies and Tools to Enhance Performance and Patient Safety (TeamSTEPPS) will be implemented in emergency room (ER)
- Evidence-based teamwork system was implemented to improve communication and teamwork skills among health care professionals (Agency for Healthcare Research and Quality [AHRQ], 2015)
- Teaches leadership skills, mutual performance, adaptability, shared mental models, mutual trust, and closed loop communication (Robertson, Kaplan, Atallah, Higgins, Lewitt, & Ander, 2010)
- Ultimate goal was to improve communication and teamwork
- Is a nationally recognized program and any organization has ready access and permission to use

## Background

- Clinical practice involves instances where critical information must be correctly communicated
- Health care professionals are not communicating well, patient safety is in jeopardy for several reasons team relationship is crucial to illuminating teamwork
- Lack of communication increases chances of medical errors which can cause severe injury or patient death
- Lack of communication is the leading cause of medication errors, delay in treatment, and wrong site surgeries (O'Daniel & Rosentein, 2008)

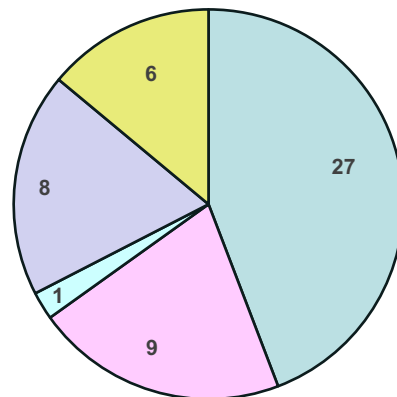
## Purpose Statement

- The purpose scholarly project was to improve teamwork and communication among the staff in ER
- Implementation of TeamSTEPPS has demonstrated increase team awareness, clarify team roles, resolve conflicts, improve information sharing, and eliminate barriers to quality and safety (AHRQ, 2015)

## Methods

- This project was an Evidence-Based Project using a quasi-experimental approach for data collection and analysis
- Emergency room staff attended the TeamSTEPPS education class
- The intervention was the provision of a curriculum based on the TeamSTEPPS program. Staff took pretest at the beginning of class then posttest at the end of class to measure knowledge of communication and teamwork
- A questionnaire was developed to measure knowledge of communication and teamwork, questions were evaluated for content validity
- Sample N=51
- Data collected January 2016 through February 2016

Staff Participants in TeamSTEPPS Intervention



- Nurses
- Physicians
- Pharmacy Technicians
- Certified Nursing Assistants/Health Unit Coordinator
- Public Safety Officer

## Results

- According to the Chi-square data analysis staff had increased knowledge of TeamSTEPPS tools on nine of the twelve questions
- Increased knowledge of the Two-Challenge Rule, I am Concerned, I am Uncomfortable, This is a Safety Issue (CUS), Situation Background Assessment Recommendation (SBAR), Brief Huddle Debrief, and why do errors occur in hospitals
- No statistical significance due to sample size, clinical relevance because improved communication and teamwork improve patient outcomes

Questions	Correct Pre-Test	Correct Post-Test	Chi-Square
Two-Challenge Rule	27	45	0.001
CUS	28	42	0.002
SBAR	39	49	0.009
Brief Huddle Debrief	27	38	0.022
Errors	15	24	0.065

## Conclusions

- TeamSTEPPS was recommended to address future challenges of healthcare
- Teamwork is a core component in increasing value of care and improving safe patient care
- Implementation of TeamSTEPPS requires behavior change interventions, changes to work environment, and management support (Frykman, Hasson, Athlin, Schwarz, 2014)
- Successful implementation of TeamSTEPPS will improve patient safety, decrease medical errors, improve teamwork, decision making, and communication (Coburn & Gage-Croll, 2011)
- Implementation of TeamSTEPPS in the ER is vital to improve teamwork and communication
- Evidence has proven there is a direct link between a good work environment and improved patient outcomes
- Next steps, is educate and increase awareness of TeamSTEPPS across Health System to improve patient outcomes

## Bibliography

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