

Using TeamSTEPPS to Make Safety Improvements

Tara Brown, MPH, CQIA, CQA
Evaluation Specialist

Georgia Medical Care Foundation
*The Medicare Quality Improvement Organization
for Georgia*

National Technical Assistance Conference Call on the
AHRQ Nursing Home Survey on Patient Safety Culture

March 31, 2010

Medicare Quality Improvement Organizations

- Congress created the Medicare QIO program in 1982
- QIOs are the largest federal investment in health care quality improvement
- QIOs work with thousands of health care professionals in 53 states and territories

Medicare Quality Improvement Organizations

- QIOs are staffed by nurses, physicians, biostatisticians, epidemiologists, long-term care administrators, pharmacists, public health, quality and communications professionals
- Every 3 years, Medicare launches a new “Statement of Work” or SOW, with new assignments for QIO contractors
- AHRQ survey completion was part of our 9th SOW for nursing homes and hospitals

Date Collection Methods

- 72 Nursing Homes (NH)
- All staff members invited to take survey
- Paper surveys/SurveyMonkey
- Various times of the day (shift changes, special events at the NH)
- Drop box provided
 - Evening and weekend shifts

Date Collection Methods

- Point of Contact (POC)
 - NH Administrator
 - Support for survey critical
 - Some Admin assigned other POC
 - Education coordinator
 - DON/ADON
 - MDS coordinator

Implementation Procedures

- Georgia Health Care Association (GHCA)
 - Announced the roll-out of survey to GHCA members
- Corporate support from major companies
- Letter to Administrator requesting support
 - Blast e-mails to staff
 - Announcements in staff meetings
 - Prizes for participation

April 20, 2009

Dear Administrator:

We appreciate your support for Patient Safety! We are excited to conduct the Survey on Patient Safety Culture and ask you to work with GMCF staff to:

- Identify 1-2 days/times for survey delivery and completion
- Allow our staff to be in your facility on these days to assist with survey delivery
- Promote the survey internally to your employees on each shift

You will receive a telephone call from your GMCF Quality Advisor and our staff who will be conducting the survey. They will ask several questions to determine the best time for us to complete the survey with your home. The survey is voluntary for your staff but we hope to get at least a 50% sample of staff from each nursing home.

Your responsibility is minimal although critical to the success of the survey process within your nursing home. **Included with this letter are copies of flyers and posters that can be placed in strategic locations in your nursing home.** We ask that you place the posters/flyers at least one week prior to the scheduled survey date. We believe the posters will generate some questions that will allow you and your management team to encourage participation.

Our Quality Advisors and other staff are available to answer questions about the process. Please feel free to contact me at (678) 527-3444 or your Quality Advisor if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Anne Hernandez".

Anne Hernandez, LCSW
Manager, Patient Safety

1455 Lincoln Plwy.
Suite 800
Atlanta, GA 30346
404 982-0411
800 982-0411
fax 678 527-3030
www.gmcf.org

Implementation Procedures

Items sent with letter

- Copy of survey tool
- Posters
- Timeline for implementation

WANTED

Dedicated Health Care Workers



Take the Patient Safety Survey.

Your Opinion Counts!

Timeline

Nursing Home Survey on Patient Safety Culture

Dates or Deadlines	Nursing Home	GMCF
4/15/09		Letter to Administrators introducing survey
4/16- 4/24/09		Quality Advisor follow-up with NH Administrators
4/20/09		Poster and Staff letters distribution to NH (promotional purposes)
4/22-4/30/09	Coordination of dates/times for survey completion within nursing homes	
4/22- 6/5/09	Nursing Home Survey of Patient Safety Culture completion	
Summer 2009		GMCF to provide analysis of AHRQ Survey of Patient Safety Culture
By August 2009	Facility representatives and a GMCF Quality Advisor will develop an action plan to address issues identified from the survey results.	
Quarterly	Attendance at Cross setting meeting with other providers in the local community of care.	
5/1/2010-6/30/2010	Re-measurement using AHRQ Survey of Patient Safety	
<p><u>Monthly:</u> Watch for the GMCF eLerts with the information you need to stay current. GMCF offers educational teleconferences for providers related to pressure ulcer prevention/treatment and alternatives to restraints. For the first three months of a new cross-setting meeting, there will be monthly meetings and quarterly thereafter.</p> <p><u>Quarterly:</u> GMCF will contact the Administrator or designee for a one-on-one discussion.</p> <p><u>Annually:</u> GMCF will re-measure using the Nursing Home Survey of Patient Safety Culture.</p>		

Scheduling the survey

- April 2009 - June 2009
 - Calendar of events
 - Inservice days
 - Shift change
 - Special events
- Publicize
 - Posters with dates

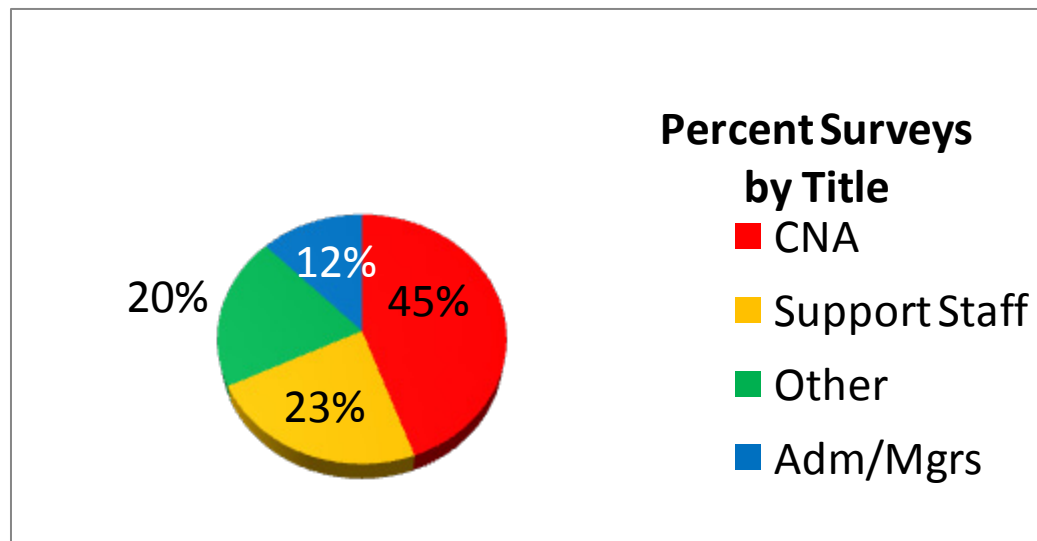
Collecting the survey

- Voluntary & confidential
- Giveaways
- QIO staff present in the NH on day of survey



AHRQ Survey of Patient Safety – Nursing Homes

- 72 Nursing Homes completed survey
- Stats:
 - 4,040 staff responded to survey
 - 7,148 were employed by these homes
 - 57% Response rate



Average % of Positive Responses



NH Report

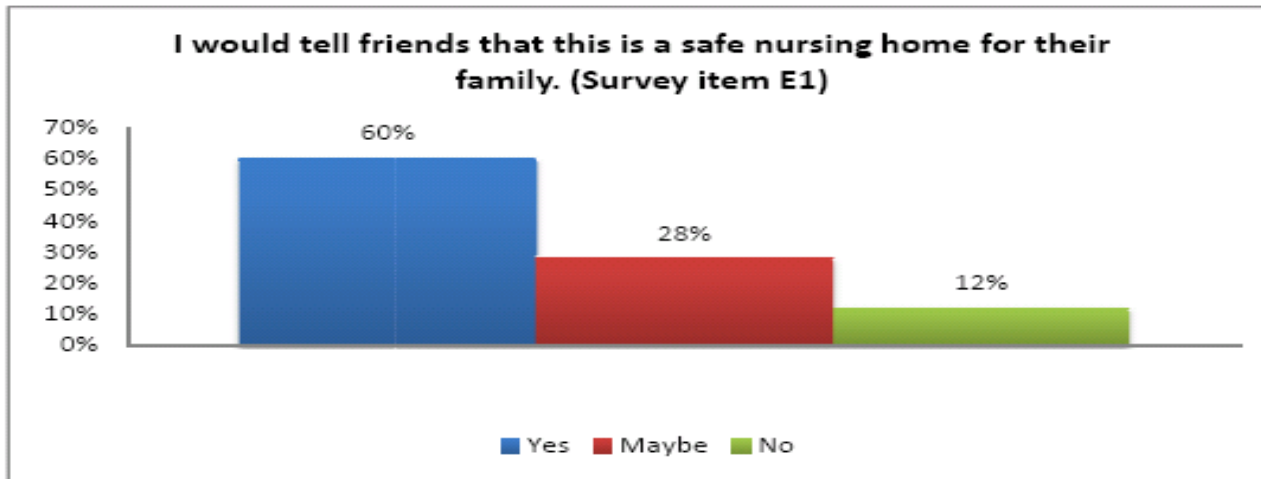
Table 1

Nursing Home Patient Safety Culture Composites	home Score Average % of positive responses
Overall Perceptions of Resident Safety (3 items--% Agree/Strongly Agree)	72%
Feedback & Communication About Incidents (4 items--% Most of the time/Always)	78%
Supervisor Expectations & Actions Promoting Resident Safety (3 survey items--% Agree/Strongly Agree)	71%
Organizational Learning (4 survey items--% Agree/Strongly Agree)	63%
Management Support for Resident Safety (3 survey items--% Agree/Strongly Agree)	59%
Training & Skills (3 items--% Agree/Strongly Agree)	70%
Compliance with Procedures (3 items--% Agree/Strongly Agree)	63%
Teamwork (4 items--% Agree/Strongly Agree)	44%
Handoffs (4 items--% Most of the time/Always)	45%
Communication Openness (3 items--% Most of the time/Always)	40%
Nonpunitive Response to Mistakes (4 items--% Agree/Strongly Agree)	53%
Staffing (4 items--% Agree/Strongly Agree)	35%

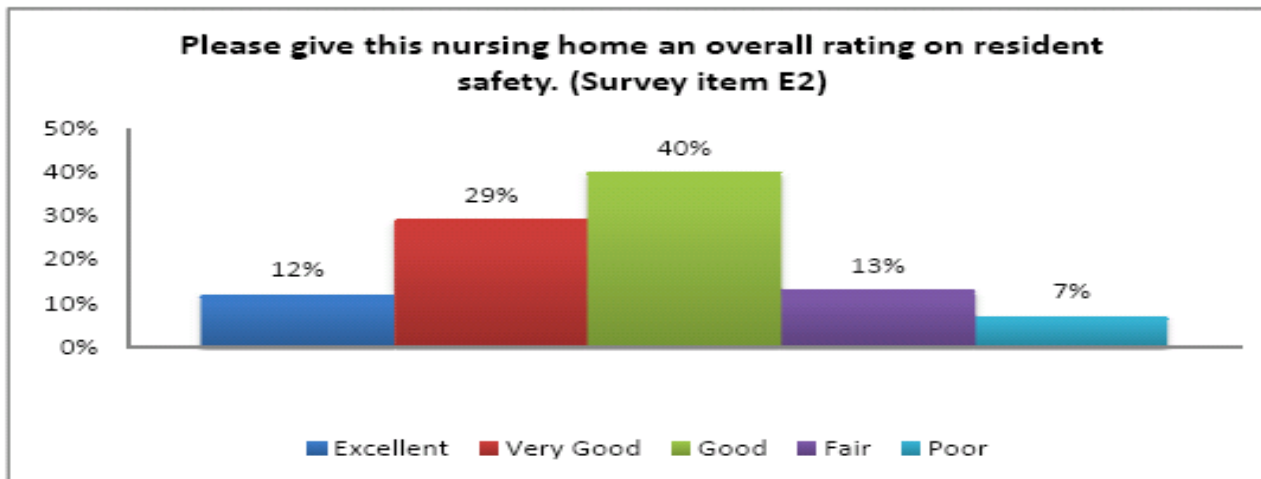
* Composite scores are not calculated when any item in the composite has fewer than three respondents.

Nursing Home Recommendation

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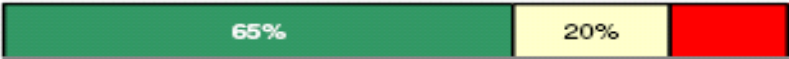


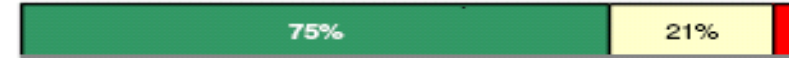





Overall rating on resident safety



Positive
 Neutral
 Negative

Overall Perceptions of Resident Safety

1. Residents are well cared for in this nursing home. (D1)	 <p>65% 20% 15%</p>	NA/DK/MI = 2%
2. This nursing home does a good job keeping residents safe. (D6)	 <p>75% 16% 8%</p>	NA/DK/MI = 3%
3. This nursing home is a safe place for residents. (D8)	 <p>77% 16% 7%</p>	NA/DK/MI = 2%
Feedback & Communication About Incidents		
1. When staff report something that could harm a resident, someone takes care of it. (B4)	 <p>75% 21% 4%</p>	NA/DK/MI = 5%
2. In this nursing home, we talk about ways to keep incidents from happening again. (B5)	 <p>82% 13% 6%</p>	NA/DK/MI = 1%
3. Staff tell someone if they see something that might harm a resident. (B6)	 <p>76% 21% 2%</p>	NA/DK/MI = 5%
4. In this nursing home, we discuss ways to keep residents safe from harm. (B8)	 <p>80% 17% 2%</p>	NA/DK/MI = 2%

Final report

Results/report delivered to NH (based on NH Admin feedback)

- Most reviewed with management team
- Some reports reviewed with all NH staff
- Small number of NH where just the Admin received report

Follow up

QIO Quality Advisors

- Developed Action Plans
- Encouraged attendance at cross-setting meeting with other providers from the local community of care
- Facilitated teams for change
- Provided targeted training

Lessons Learned: AHRQ Survey

- Paper surveys are labor intensive
- Buy-in from management is a must
- Partnerships with local Health Care Association and corporations essential
- Offer prizes/giveaways
- Low literacy/reading levels challenge completion by some staff
 - Group/oral reading

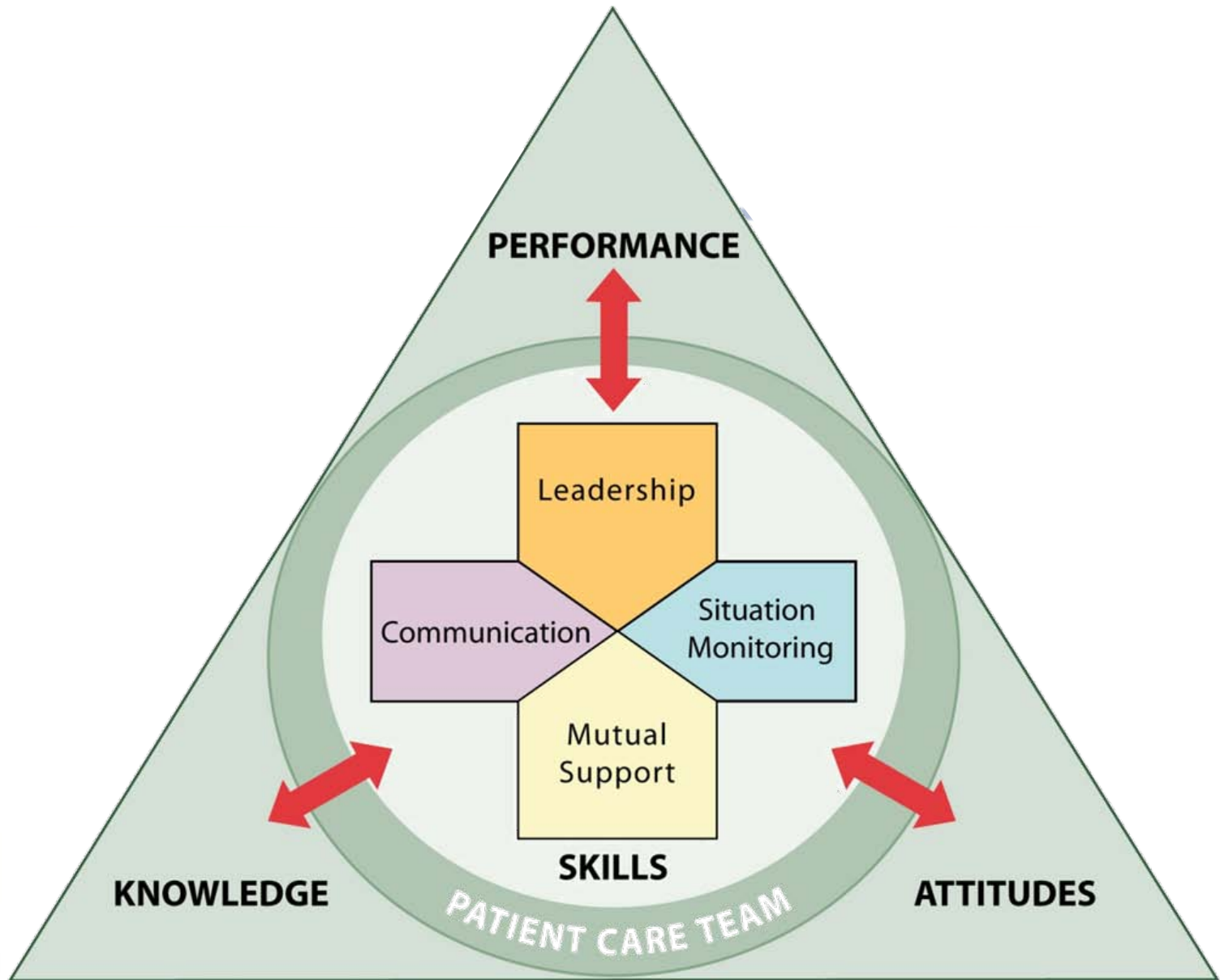
Improvement Initiatives

- Targeted Training:
 - Training on TeamSTEPPS
 - Addresses communication, handoffs, teamwork
 - Training/support in individual NH and for larger groups of NH

TeamSTEPPS in Georgia

Why use?

- 9th SOW required use of TeamSTEPPS for hospitals working to reduce MRSA
- Concepts included in TeamSTEPPS applicable to all settings:
 - Leadership
 - Communication
 - Mutual Support
 - Situation Monitoring



TeamSTEPPS in Georgia Nursing Homes

- Introduced at kickoff meetings in Fall 2008 with 3-hour training session
- Provided copies of “Our Iceberg is Melting,” by John Kotter
- Group training sessions in 2009 (eight sessions twice yearly) using TeamSTEPPS
- Quarterly Cross-Setting Meetings
- Individual NH support

TeamSTEPPS in Georgia Nursing Homes

- “Our Iceberg is Melting” model includes:
 - Creating a Sense of Urgency
 - Pulling together a Guiding Team
 - Develop the Change Vision and Strategy
 - Communicate for Understanding and Buy-In
 - Empower Others to Act
 - Produce Short-Term Wins
 - Don’t Let Up
 - Create a New Culture

TeamSTEPPS: Making it STICK

- Continue training to Nursing Homes using TeamSTEPPS concepts throughout the 9th SOW
- Individualized follow-up/support
- Quarterly cross-setting meetings focus on communication and handoffs in local health care community

Lessons Learned: TeamSTEPPS Training

- Interactive sessions work best
- Presenters modeling the “team” concept is powerful
- Scenarios customized to the participant’s job experience work wonders
- Evaluating responses and debriefing your meetings are essential
- Nursing Homes are applying these principals and tools – one Quality Advisor states *“we see it every time we visit a facility that has been a part of the training”*

GMCF

The Medicare Quality Improvement Organization for Georgia

Tara Brown, MPH, CQIA, CQA

Evaluation Specialist

Tarabrown@gmcf.org

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