



Here are some answers to those tough Frequently Asked Questions that the DoD Patient Safety Program (PSP) Master Instructors and Coaches commonly hear about from the Military Treatment Facilities (MTF), as they implement their teamwork initiative:

1. How do we get the physicians more involved in teamwork?

There are several ways to get the physicians more engaged:

- You can show them data related to the effect of teamwork on patient safety
- You can show them some success stories from Military Treatment Facilities (MTF) who have been using teamwork to improve patient safety
- You can refer them to the MTF Executive/Leadership Committee vision and strategies that state the importance of using teamwork to improve patient safety
- You can refer your physicians to any MTF Newsletters that have articles related to TeamSTEPPS and its implementation and impact on patient safety
- You can ask one of your physician champions to discuss the importance of teamwork relative to patient safety with those physicians who have not engaged in team skills and behaviors. Some great quick references to the tools and strategies, and their application, are the TeamSTEPPS Pocket Guide and the Tip Sheets. Tip sheets are located at <https://www.us.army.mil/suite/files/34302238>.
- One of your physician champions can discuss the importance of teamwork to patient safety at professional staff meetings.
- You may ask your Executive Sponsor or Department Head to discuss the expectations that all healthcare staff will use team tools and strategies to improve patient safety.
- You can partner with patients and their families to understand and optimize the patient experience

2. Would these recommendations apply to all on the healthcare team?

Yes, they would.

3. We are all so busy. How do we find the time for this?

As you begin any new initiative, you should expect that there will be a learning curve as you introduce change. We expect that this will take more time at the beginning. However, as you begin to consistently use the tools and strategies and they become part of your daily operations, you should see the amount of time to use the skills decrease and the benefits increase. We frequently hear that once teams become more effective in optimizing the use of information, resources, and people, patients are safer and medical errors decrease. We hear that indicators related to staff satisfaction increase as team members feel valued for their skills, knowledge and ideas. Patient care teams report that as they employ task assistance, they don't notice inherent staffing shortages as acutely and get out of work on time.

So, consider:

- Any member of the team can call for a huddle to give or receive task assistance
- Think about how you can use the tools and strategies to look at redundancies or processes that just don't work any longer and take up lots of time?
- Think about how your teams use the debrief at the end of the shift/day to problem-solve and improve processes related to patient care and teamwork?



4. How do we get our leadership involved?

97% compliance to outcome expectations is no longer good enough. The National goal is defect-free patient care. Leaders are required to have systems of clear communication and high accountability. TeamSTEPPS was implemented at your organization as a strategy to ensure this structure and accountability. As well, in 2010, the Joint Commission cited “inadequate” leadership as the leading cause of sentinel events. Given what we know about the importance of leadership in patient safety, and what we’ve learned about the role of leadership in the success of TeamSTEPPS, if you don’t have active and direct involvement of leadership, you probably won’t be successful with your TeamSTEPPS initiative. There are several ways to get your leadership more involved:

- Leadership, at all levels, must be involved from the beginning and your Change Teams must partner with leadership to create opportunities. Leaders must be part of the process to monitor teamwork activities and hold all accountable for organizational impact and sustainment. DoD PSP has several briefings and tips that give high-level information on TeamSTEPPS, both from a strategic and operational perspective. You may access these through the DoD PSP web site at [http://health.mil/dodpatientsafety/productsandservices/TeamSTEPPS/site assessment](http://health.mil/dodpatientsafety/productsandservices/TeamSTEPPS/site%20assessment). The DoD PSP and Service coaches and consultants are happy to assist you in developing a plan for leadership briefings and activities that will help your leaders to be visible and involved.
- Discuss success stories from other MTFs using teamwork to improve patient safety.
- We know that Commanders and Executive Teams may rotate from the MTF every 2-3 years. To ensure a shared mental model with leaders new to the MTF, the Change Team should schedule time to brief the new Commander and/or Executive Team on the history of TeamSTEPPS at that MTF, the identified goals, and impact and sustainment of the TeamSTEPPS initiative.
- Examples of activities that MTF Executives and Leaders are using to show their commitment to advancing patient safety using TeamSTEPPS are:
 - Discussing the vision, strategies, and expectations related to teamwork and patient safety
 - Ask change teams to brief on progress and successes at Executive meetings
 - Monitoring progress toward TeamSTEPPS and patient safety goals
 - Holding the staff accountable for impact and sustainment of results
 - Discussing teamwork skills and strategies in MTF Newsletters, Commander’s Calls and Staff Meetings, etc.
 - Walking around and observing team behaviors; Asking staff what tools they are using and what they have seen as a result of using them.
 - Modeling the teamwork skills and behaviors in the clinical setting
 - Creating a forum to discuss the experience of care with consumers, patients and providers/caregivers



5. What are some of the other success factors to sustaining TeamSTEPPS as part of our daily operations?

Good question! We know that about 70-80% of success will come from environmental factors. One of the biggest is visible leadership involvement, as discussed above. Others are:

- **Front-line champions and coaching, staff buy-in:** We understand that TeamSTEPPS will be largely implemented by those at the front-lines of patient care. We also know that you will increase your chances of success and long-term sustainment if you coach each other, through implementation of the tools and strategies and through barriers and challenges. You may consider using the tools in your TeamSTEPPS Instructor Guide to help each other monitor progress toward impact and sustainment as well as mitigate those inevitable barriers and challenges that come with implementation of the tools and strategies. Each Service and the DoD PSP has coaches that regularly connect with MTF teams and happy to help in this regard, at any time.
- **Communication campaign:** Leadership and champions must communicate the importance of teamwork and their expectations relative to that, to the staff. Leaders must show the alignment of their vision and strategies to patient safety and teamwork and address the concern of competing priorities among the staff. Examples that some MTFs are using, with success, to communicate expectations, vision, and strategies, include Newsletters, Commander's Calls and/or staff meetings, Executive Walk Rounds, and professional staff meetings. The important thing is to talk about and discuss patient safety and the role of teamwork in decreasing errors and improving satisfaction, for patients, their families and the staff.
- **Integration into normal daily operations:** Practicing as teams and implementing the tools and strategies, consistently, at the frontline is a huge factor to integrating the tools and strategies into daily operations.
- **Ongoing measurement (with feedback to staff) to monitor and show impact:** What are you measuring to show impact of your TeamSTEPPS initiative? We often are asked what an MTF should measure to show any impact and sustainment of using team skills and behaviors to enhance patient safety. We recommend using process and outcome data that is routinely collected and analyzed. Using the evidence-based phased approach in your TeamSTEPPS initiative will be instrumental in achieving the aims of the Partnership for Patients, which is aligned under the Military Health System Strategic Initiative, #2: "Implementing Evidence-Based Practice to Improve Quality and Safety in the Military Health System". Phase I of TeamSTEPPS focuses on assessing organizational readiness for a TeamSTEPPS initiative. As part of this phase, the MTF reviews data related to clinical outcomes, patient outcomes, process outcomes, patient and staff satisfaction, and the culture of safety. Some examples is data related to NPIC, ORYX, and SCIP. All the above sources would be good sources for measuring impact and sustainment after you implement TeamSTEPPS. We find that particularly those that look at satisfaction as well as how the staff views the culture of safety may be some of the best indicators of high performing teams.
- **Planning:** We recommend developing an implementation or action plan. This is typically done during Phase I or Phase II of TeamSTEPPS. The model that DoD uses for implementation planning was developed jointly by DoD and the Agency for Healthcare Research and Quality. The steps are:



- Identify the change team
- Define the main problems, challenges, and opportunities
- Define aims of the TeamSTEPPS intervention
- Define the TeamSTEPPS intervention
- Develop an implementation plan
- Develop a sustainment plan
- Develop a communication plan
- Write an implementation plan
- Document the change team meetings
- Review the TeamSTEPPS implementation plan with key personnel
- Ongoing training: There are a number of options available for training outside of the Train the Trainer and Train the Staff courses.
 - Newcomers' Orientation: Many MTFs have a 1-2 hours TeamSTEPPS session at Newcomers' Orientation. Most are using the slides from the Essentials course.
 - Customized refresher training: Some MTFs are using a 1-2 hour course that they are customizing to the MTF.
 - Using data for refresher training: Some MTFs are using their data to refresh staff on tools and strategies. A common practice is to review the data and then discuss the tools used and how other tools and strategies can be used to improve the data.
 - Using the implementation plan to refresh: Many MTFs are refreshing by discussing the progress of the implementation plan related to impact, sustainment, barriers and challenges, and lessons learned.
 - Using TeamSTEPPS Tip Sheets to refresh: Another resource that MTFs are using to refresh staff is the TeamSTEPPS Tip Sheets, located at <https://www.us.army.mil/suite/files/34302238>. They provide a quick easy reference to discuss the tools and strategies.

6. You've told us about all of this but I just want to train all my staff and have it stick. Isn't TeamSTEPPS just about training?

Training is a start but it is not the solution. TeamSTEPPS is a system made up of three phases. Phase I is about Preparation and Readiness Assessment or "Setting the Stage". Phase II looks at Planning, Training and Implementation or "Making it Happen". Phase III focuses on Sustainment or "Making it Stick". The American Society for Training and Development published a 2006 study indicating reasons for training failures. The majority of training failures are associated with factors outside of the actual training event. These factors are Preparation and Readiness (20%) and Application Environment, or organizational success factors, (70%)*. We recommend that MTFs prepare the staff for TeamSTEPPS, have an implementation plan, and focus on environmental success factors to show a positive impact relative to patient safety. ***For a review of the organizational successes, refer to questions 4 and 5.**



7. We have a lot of contractors in my facility. Some say, that because they are contractors, they can't participate in TeamSTEPPS training. What do I tell them?

You, the department leadership or the contractor, can check with the Human Resources staff or the MTF staff assigned to work with contracts. Typically, most contractors stipulate that contractors will participate in patient safety training. TeamSTEPPS training is just that...patient safety training. Contractors are part of the healthcare team that is working with the patient and their family. They should be held to the same standard as each member of that team.

8. Can we get continuing education units for if my MTF teaches a TeamSTEPPS Class?

Yes, you can get continuing education units (CEU) for teaching a Train the Trainer (TtT) or Train the Staff (TtS) class. CEUs are approved and awarded by Duke University Medical Center. For the TtT, you can get 16 hours and for the TtS you can get 3.5 hours. CE is available for nurses, physicians, ACHE, and pharmacists. As part of the CEU process, all class participants register through the Online Registration Center (ORC). Following the class, all participants complete an evaluation and a commitment to change. Class participants receive their CEU notification certificates about four weeks post-instruction, if they have completed the evaluation requirements. MTF Master Instructors can log onto the ORC to track training numbers as well as course evaluation and commitment information, which has been shown to be invaluable as your teams' progress toward implementation and sustainment of your teamwork efforts.