Overview of the Current TeamSTEPPS Initiative:
7A, coming together as one, providing compassionate safe patient centered care. Making an awesome place to learn, teach and work! This is the vision that was established after the first members of the Change team completed the Train-the-Trainer: Fundamentals Course at Wilford Hall Medical Center, on the largest Inpatient Internal Medicine Ward in the Air Force. These staff members were motivated and inspired to believe that such a vision is now possible with guidance offered through TeamSTEPPS training.

Through the initiation of TeamSTEPPS, staff members have guidance for the many conflicts they are faced with everyday. Our goal is to have an environment conducive to critique instead of criticism, to collaborate without compromise, and sharing the mental model of “what is right and not who is right”. Staff members are being equipped with the necessary tools and strategies to bring about positive change, and increased patient satisfaction by delivering optimum care.

Strategy:
Twenty-four staff members were selected to become members of the Change team. This Change team consisted of Nurses, Technicians and Management on the unit. These staff members were selected because of their desire to see change. After a SWOT (Strength, Weakness, Opportunities, Threats) analysis, the Change team identified ten problems. Action plans were then created for each problem. One of the greatest changes that have been implemented to our unit is the initiation of Team rounds, which will be explained throughout this abstract.

Previously, report between shifts was given verbally and/or taped at the nurses’ discretion. One half hour was allowed for report, nurse assignments to patients and verbal updates. Only a few nurses chose to directly visualize their patients before dismissing the staff of the previous shift. There was increasing conflict between staff members because it was felt that non pertinent patient information was being reported. Important patient information was being left out and patient care was not being appropriately over seen. Examples included, fall precaution patients not having their bed alarms on and occasional assessments not being documented. Team Rounds is being trialed in efforts to improve shift change report, patient safety, documentation, and staff cohesion. Each team has a team leader, two additional nurses, one medication nurse, and one medical technician; allowing each team to assume the care for up to sixteen patients.
Oncoming team members listen to a fifteen minute taped SBAR (situation, background, assessment, and recommendations) patient report. Then patient assignments are made, along with assignments for specific patient checks (does the patient have a name band, is the fall alarm on, are fluid bags labeled, etc.) This leaves the additional fifteen minutes for Team rounding and updates. Every member of the team rounds together on each patient. Each member is responsible for checking the patient and reporting their findings to the team leader who then documents the missing information on a flow sheet. After Team rounding is complete, updates are given. All the missing documentation or duties are reported to the off going shift so they can complete any remaining documentation or duties before being dismissed.

Practice Changes:
Training for TeamSTEPPS began with the Change Team attending a two day, twelve hour Train-the-Trainer, TeamSTEPPS Fundamentals course. Other staff members attended an eight hour Train-the-Participant, TeamSTEPPS Fundamentals course. Staff members were taught TeamSTEPPS tools and strategies to overcome the barriers like complacency, conflict, lack of coordination and follow-up with co-workers and workload that are often faced on our unit. Teambuilding icebreakers are used throughout the course; that focus on situational awareness, feedback and communication. TeamSTEPPS tools and strategies such as CUS words, The Two Challenge Rule and the DESC Script are exercised through role playing in the Simulation lab during Mock Code Blues, skits and scenarios that are evaluated by the remaining staff members using their TeamSTEPPS Pocket Guide. Team Rounds was initially introduced to staff members with a written overview of team rounds. To allow for adjustments, it was trialed for two weeks on weekend night shifts. Then it was initiated to weekend day shifts. This slow introduction allowed 55 coworkers to experience team rounds over a period of approximately two months.

Evaluation:
At the beginning of the Fundamentals course each participant is given a Team Assessment Questionnaire to evaluate how the participant feels the unit works now (before TeamSTEPPS training) as a team. Members of the change team and trained staff members are given a second evaluation at least a month after their training. This evaluation consisted of selected questions asked in the original Team Assessment Questionnaire that showed room for improvement.

After each Fundamentals course there is a wrap-up session that allows the staff to state how they feel TeamSTEPPS can be incorporated into their daily practice. Ideas and suggestions are given and shared with the change team. Each staff member is also asked if they would like to further show their support by assisting in the upcoming Fundamentals courses by teaching, performing in skits or facilitating an icebreaker.
After two months of the initial introduction of Team rounds an anonymous survey was conducted. Fifty-five staff members participated in the survey which evaluated their opinion on the effectiveness of Team rounds.

Results:
Team assessment questionnaire reevaluation results: there was an increase of 50% who felt like patients are a critical component of care teams. There was an 80% increase of awareness of the emotional and physical status of other team members. There was also a 69% increase of mutual support compliance after TeamSTEPPS training.

In the beginning of Team rounds there were many concerns voiced. For example, not enough patient information being given in report because of time restraints, disturbing patients and not getting out on time.

Survey results: 70% felt their experience improved after participating more than once. 93% thought taped report was complete. 91% reported Team rounds taking <15 minutes. 54% believed the overall teams and their bedside documentation improved. 69% felt they were more conscious of patient’s needs. 53% felt they gave better/improved patient care related to team rounds.

Quotes from the Course Evaluations: “Good intro activity/ ice breaker with creating paper chains.” “Real world scenarios, integrated into modules by interaction with audience.” “Excellent teaching!” “I’m glad I learned to CUS!” “Won’t be afraid to communicate, CUS!” “Very motivating and helpful; will be useful in everyday practice.”

Overview of efforts to sustain:
Continued efforts to train every staff member on TeamSTEPPS, is currently underway. Updates on new TeamSTEPPS action plans are being discussed at monthly staff meetings. Mandatory participation of Team rounds on weekends has been implemented. And documentation of staff members failing to comply is being recorded. Ongoing efforts for increased compliance from Change Team members are being implemented through encouragement and positive attitudes.

Future Efforts and conclusions:
It is believed that Team rounding on patients at the beginning of shift allows for improved patient safety and care as previously stated in the staff survey results. It allows the staff members to visualize patients and prioritize patient needs. With management support, Team rounds will continue to be implemented on weekends. Although the Team rounds process is continuing to be fine-tuned, the goal is to increase staff comfort of Team rounds so it can be implemented for all shifts in the near future.

Four other action plans are currently in the first stages of implementation. They include, IV documentation stamps, a staff suggestion box, increasing civilian involvement and reorganization of assignment/ patient boards.