AAOS Begins Second Year of TeamSTEPPS Project

Program aims to improve communication, reduce errors

HOWARD MEVIS

A n important component of the Academy’s patient safety program is improving communication and teamwork skills among operating room (OR) teams, which include the surgeons, anesthesiologists, nurses, physician assistants, and OR techs.

“Too often mistakes occur in the OR because someone on the team didn’t speak up,” noted Dwight W. Burney III, MD, member of the AAOS Patient Care Project Team.

To reduce errors and improve outcomes, the Academy is committed to conducting 80 TeamSTEPPS workshops for OR teams in hospitals and ambulatory surgery centers (ASCs) across the country through 2014.

What is TeamSTEPPS?
From among the several different teamwork-focused training programs, many adapted from programs for the airline industry, the Academy chose TeamSTEPPS because it was specifically developed for healthcare teams and has demonstrated successful results in hospitals over many years.

“TeamSTEPPS is a powerful solution to improving patient safety in the OR,” said Dr. Burney. “The evidence-based program leads to improved communication and teamwork skills among healthcare professionals.”

TeamSTEPPS (http://teamstepps.ahrq.gov) is scientifically rooted in more than 20 years of research and lessons from the application of teamwork principles. Through this training, participants learn how to increase team awareness, clarify team roles and responsibilities, resolve conflicts, improve information sharing, and—most importantly—eliminate barriers to quality and safety.

“We are fortunate to have several Academy members who are master trainers in TeamSTEPPS, including Col. Daniel W. White, MD; John S. Webster, MD, MBA; and William J. Richardson, MD,” Dr. Burney reported.

The TeamSTEPPS workshop normally takes about 4 hours and can involve 20 to 25 members of the OR team at a hospital or ASC.

“We are using the same approach followed in the Academy’s successful Communications Skills Mentoring Program (CSMP),” explained Dr. Burney. “Initially, 20 orthopaedic surgeons were trained in the TeamSTEPPS program. They returned to their hospitals and conducted workshops there, and they are now ready to lead workshops at other sites in their communities and regions. Just as with the CSMP, the Academy is subsidizing the program to reduce the cost for hospitals and ASCs.”

The workshop model
The Academy pays for travel for the workshop leader and provides training materials and continuing medical education credits. A site, whether hospital or ASC, knows it is ready for team training when and the problems that should be addressed.

“Initially, the value and benefits of implementing TeamSTEPPS was a tough sell for our hospital CEO, my orthopaedic colleagues, anesthesiologists, and nursing staff,” noted Naomi N. Shields, MD, in a report on her experience leading a TeamSTEPPS workshop. “They finally agreed to two workshops— and now we have plans for more. The workshops have helped with morale and increased staff confidence in speaking up about any patient safety concerns.”

After the training session, an evaluation plan is necessary to determine if the noted problems have ceased. Leadership is critical to program success. Physicians and other site leaders, including administrators and nursing leaders, must take an active role in the program as a “change team.”

According to Paul Levin, MD, who, with Donna P. Phillips, MD, led two TeamSTEPPS workshops at the Montefiore Medical Center Orthopaedic Department in New York City, “The sessions have received extremely high marks by all of the participating staff and physicians. We have incorporated daily briefings in each office, and morale has improved significantly.

“The daily briefings ensure that everyone works together to prevent problems in caring for the day’s anticipated patient flow.”

Neil Cobelli, MD, orthopaedic department chair at Montefiore, has seen positive results from the TeamSTEPPS workshops. “I am so pleased to see the techniques in practice on a daily basis. We have truly developed a sense of working towards a shared vision and a group goal. It is one of the best things we have done.”

After the training and initial evaluation have been completed, sites are expected to develop a plan to sustain the program. “A site can’t expect that patient safety problems and errors will disappear after a single training session,” said Dr. Burney. “A successful TeamSTEPPS implementation requires ongoing monitoring, data collection, analysis, and reporting.”

For more information and to schedule a workshop, visit the TeamSTEPPS program website, www.aaos.org/teamstepps

Howard Mevis is director of the department of electronic media, evaluation, course operations, and practice management. He can be reached at mevis@aaos.org

TeamSTEPPS Mentors

East
Leroy H. Cooley, MD
Harpal S. Khurana, MD
Paul Levin, MD
Michael Marks, MD, MBA
Donna P. Phillips, MD
Kristy L. Weber, MD

South
Frank B. Kelly, MD
Mary L. O’Connor, MD
William J. Richardson MD
Andrew Matthew Wong, MD

Midwest
Richard A. Geline, MD
William J. Robb III, MD
Naomi N. Shields, MD
Kimberly J. Templeton, MD

West
Daniel W. White, MD, COIL, MC
Howard R. Epps, MD
Dwight W. Burney III, MD
Kit M. Song, MD
John R. Tongue, MD
John S. Webster, MD

The TeamSTEPPS triangle logo is a visual model that represents some basic but critical concepts related to teamwork training. It shows that individuals can learn four primary trainable teamwork skills—leadership, communication, situation monitoring, and mutual support. With tools and strategies that support those skills, the team can enhance three types of teamwork outcomes— performance, knowledge, and attitudes. COURTESY OF THE AGENCY FOR HEALTHCARE RESEARCH AND QUALITY