Good morning and thank you for joining this collaborative. This is Part 2 of the webinar series on TeamSTEPPS Communication Strategies in Long-Term Care. Before we begin I have a few housekeeping items. This webinar will be recorded, and the presentation will be available in a few business days. The phone lines will be on mute for the duration of the presentation, and we ask you to not put your line on hold. If you have a question at any time, please enter it in the chat panel to the right. Please make sure to send your comments to “All Participants.” We will monitor and respond to your questions and comments in the chat. Last, if you find that the presentation is a little cut off, use the + or - icons to adjust your screen accordingly.

On Part 1 Dr. Ann Spenard presented who introduced TeamSTEPPS. Today we will hear from a facility that has successfully implemented TeamSTEPPS.

I am pleased to introduce today's speaker, Lisa Clark, the Vice President and Administrator at McLean Health Center in Connecticut. She is also an Occupational Therapist and currently oversees health services.

Thank you for joining us, Lisa. Please share how your facility has implemented TeamSTEPPS.

Thank you for asking me to share our story. I thought it was important to talk a little about who we are. The audience should know what McLean offers from a service standpoint.

McLean is a life plan community. It is a not-for-profit community authoring a continuum of care located on 120 acres in Simsbury, Connecticut. We were founded through the foresight of Senator McLean who had a vision to create a home for folks who had health needs and care needs as they aged.

We have 4400 acres of a game refuge, and this was important to Senator McLean so people could enjoy nature and the natural beauty for rejuvenation and refreshment of their lives.

We created an independent living environment which is an active retirement community with 48 apartments, 27 cottages, and 13 villas. These are independent but residing on the same campus as the other healthcare services.

Our assisted-living is in the same health center as the nursing home. We have 74 residents including an enhanced assisted-living and 24-hour staffing that you might see in assisted-living. We care for folks at all ranges of needs--chronic, stable, but might be from traditional assisted living requiring the needs of a mechanical lift, for example.

Our nursing home has short-term and long-term skilled nursing care with 89 licensed beds, 31 of which can home short-term post-acute rehab clients. Our average rehab stay is 20 days. It is important to note
that our medical director who oversees the nursing home also oversees the campus clinic servicing folks living in our independent living. This helps tremendously from a transition standpoint.

We also have community service care on the campus that serves the campus as well as the surrounding community and outpatient therapy home care and hospice that serves 13 towns and was recently recognized as a top work place. We also have a wellness program with a therapeutic pool as well as land based programs. We also have Meals on Wheels.

TeamSTEPPS

I have a series of questions that Lisa and I spoke about that we thought would be helpful for people to see and understand. Lisa, I thought I would ask this question. Why did you volunteer to be a part of the TeamSTEPPS pilot? In Connecticut we did a pilot of TeamSTEPPS when we did the model, and there were six facilities, two, small; medium; and small. Each category had a not-for-profit and for-profit. Early on in the study, we had a facility drop out and asked for volunteers in the area. What intrigued you about TeamSTEPPS, and why was McLean interested in this implementation?

We saw the flyer. It highlighted the change of the culture to a safety culture. The outcomes suggested could be improved, and this intrigued us. The person-centered care models are always evolving and changing. We were trying to look at a systems change that would help us drive outcomes. I was intrigued to be a part of this pilot knowing the support that could be given to us. So we could potentially have a positive impact where this would be compelling to other facilities. That is why I was excited to be a part of this pilot.

Great. thank you. Was there anything you hoped to gain other than what you have highlighted? Anything additional?

I was intrigued with the concept of the survey process to tell us how our employees were feeling being a part of a team working on this. It's not just a project or program, but the changes in culture. I knew at that time that our team needed suggestions about communication tools. There are so many opportunities to enhance how we communicate and work as a team, and I was excited about the opportunity and the preview of what this would do for the team to make better teams.

Great. Thank you, Lisa. What Lisa was referring to, as a part of the project we were implementing, is a baseline assessment in the volunteer organizations using the Agency for Health Research and Quality, nursing home, and patient safety. That allows your organization to understand how your staff perceives patient safety and gives good information around how the staff perceives supervision, transparency in adverse events, teamwork, and a host of other things. The organizations did that before they started TeamSTEPPS. They did a midpoint and two years later after the implementation of TeamSTEPPS looked at it again. What all the facilities found is that there are 12 domains of safety in the survey and 42 questions tied to that. Statistically we had an increase in seven of the 12 areas. Eleven of the 12 areas had significant improvement. It's interesting. The one question where most facilities declined a little was around the perception of safety. They were much more critical of themselves related to patient safety. This was interesting information around that.
Let's go to another question. How did you implement Team STEPPS in your organization? This is always a big question. How did you do it? Did you implement it on one unit or the whole facility? How did you approach the process?

It was a full day's worth of training. Our team took it back and looked at how to take this and break it down into bite sized pieces and what would be the best way for our team to learn it. Our approach was, taking some members of the team, all different disciplines, and creating a pilot group. We tested some of the concepts. We tested the videos and vignettes provided to us. They were fabulous. For some of the key communication tools we wanted to introduce, we used the pilot group to test and say, “what would this look like”? How do you envision us training our team to do this? We talked about doing one neighborhood and decided that because folks transition and caregivers work among the district and different neighborhoods, we decided to do all the neighborhoods at once after the pilot group.

When we did this, we included our assisted-living because communication tools could be shared when folks moved from assisted-living who might need a short rehab stay or might be at a decision point of moving into long-term care. Those care transitions were key to us to improve communication. Our implementation strategy was one that challenged us right off the bat because of simple things that we face—how to find the time to do the training. How do we get folks engaged and excited about these concepts when they are worried about being off the floor and off the assignment? We created our own small huddles with groups together for each neighborhood trained as a neighborhood and team that works together, and we did it in a series of 15-minute training sessions. We did the training session on a topic or tool or strategy that is part of TeamSTEPPS, and everyone in the neighborhoods got to hear the same concepts. If we talked about how to do a huddle or what a debrief means, everyone heard it at the same time over the course of the 15-minute session. Then we would move to the next topic. This gave us an opportunity to start with small sections or topics any time. This is how we chose to implement this. It did require some rounding to reinforce the concept and encourage the concept to take hold. But, what was really exciting was that my pilot group got to be the champions and do some of the rounding and reinforce the people who are starting to use the concept. They felt good about the difference they made for the patients.

That's great.

Lisa, implementation can be difficult. What were some barriers? We could learn some lessons from this. Then maybe you could go into some of your successes or how you overcame the barriers and made them a success.

One of the biggest barriers was time. Our strategy of trying to go out and do larger sessions of training taught us that we needed to take smaller bites. We created a success plan from the barrier right out of the gate.

I would also say there is a perception of, “oh, is this another change of how we think”? Is this going to take hold? The perception was that it had to be something we change our culture with and own it and not just the next project, if you will. It is truly a new language. I felt it was a barrier. People thought well, this is just a project or thing we are going to do. But as we got into the detail of TeamSTEPPS and using
simple strategies like SBar, the concept that it was just a nursing tool had to be changed. This could be used by the environmental team to officially communicate what's happening with a situation. It encouraged everyone to have a voice and to be able to use communication tools to express something we are concerned about. Safety issues. Looking at themselves to ask am I in a safe place today? Do I feel up to par? Do I need a break? These concepts were language changes and shifted the concern about who is on my team today to say we are worried about safety first. It doesn't matter the care team I'm with or the resident caseload I have but more about patient safety as an underlying concern. This changed the language we were using, and it became a success story because folks started to feel like they were being heard. They were able to respectfully hear a concern about something. That I was worried about a situation or a team member and they need a five-minute break or I need to offer assistance because the situation isn't going well. Somebody will get hurt.

That became top of mind which was a huge success story for us and the team members. Even today, many years after the pilot, I have heard that we need reminders on some of the TeamSTEPPS language. It felt good to the team and we don't want to lose it.

So, I could give some examples of how it impacted our team which we tracked over time. Should I share those?

Sure.

The survey tool was great. The perception of the employees was, do we have a safety culture? How do they feel about teamwork? Do they feel they have the support from management? All these scores went up significantly. I'm looking at the record, and we had a 10%-18% growth in the numbers. That is significant. We tracked our falls and wound and medication safety errors, and they all went down because we are talking differently to each other about patient safety.

At the time we didn't report results on rehospitalization, but I tell you for a fact that simultaneously we were tracking this and knew it was a big deal for CMS and the report cards and how we get reimbursed in good patient outcomes. I believe that TeamSTEPPS had a direct impact on these results. This improved with the national information by 2%. This is significant compared to the national benchmark which reduced by one. I was proud of that.

We also looked at the turnover rate. The perception of working in a place where you feel you have good teamwork and a supervisor who listens and supports you should mean lower turnover. Because we tracked it through the pilot, we showed a 5% positive change meaning a low turnover rate. Lower than when we first started. I was impressed to see these outcomes.

In addition, even though the program focuses on patient safety, there was a direct impact to employee safety. We had fewer lost days for our employees because of injuries while we did the program. Everyone is looking out for each other and looking out for all the good outcomes of safety and talking to each other in a different way, using cross monitoring and situational awareness. These are terms that we learned and how to package it together to reinforce why we do this and how to scan the room and
quickly see who needs help every time you walk into a space and work with a team. These are great things that were outcomes that we received.

That is great, Lisa. Thank you for sharing that. I’m sure the people have questions, but before we open up the line, if you were sitting with other administrators or directors from other facilities, what words of wisdom would you give to people talking of using TeamSTEPPS in their organizations or at least some of the concepts of TeamSTEPPS? I know it took time and you came up with a creative way to do this. The evidence is implementation of the whole program. If we were sitting down over coffee, what would you tell them related to Team STEPPS?

I think the key to success is having many team members become champions. Find the folks that can learn the terms and really believe in why the patient safety culture is important. You need a lot of eyes and ears, and it takes a bit to sustain a program like this. It takes constant reinforcement from leadership down to the informal leaders. Being able to say this is important to us. At one point in our journey, I had a few of our neighborhoods say I’m not sure everyone knows what teamwork is. I was pleased that they could articulate their concerns. Through some informal huddles, we started to define what it looks like. Why it's important. We developed with each neighborhood the words to put to that in our own acronym. We came up with a pledge, and this got everyone on board. Even though we were learning new concepts, this is about being a good team member. Everyone signed off on the pledge. We have reviewed it periodically with our annual review process so they know how important it is. It takes constant touches to make sure it is a part of the culture. We incorporate this into our orientation which everyone struggles with. How to make the process efficient and effective. We found it was important that the TeamSTEPPS concept and the communication tools were essential to learn. This is new language or process that they may not have experienced otherwise.

I will say that our orientation process is a quick overview, and we find they need more reinforcement; but it's hard to do when you are trying to get them out on the floor. So, a lot of that has to come through rounding and saying this is a great example of how to use this as a tool.

Nurses probably remember these concepts and are accustomed to them, but others are less familiar. These are great tools to use. Now we can all use the same language and have the same expectation of each other to be concise and direct and make sure that we check back to make sure you understand what you are being asked to do. Knowing the expectations of every person on the team. Everyone has to be able to use these tools and concepts. Did I answer your question, Ann?

I think you did. People on the phone have heard this module. The modules support each other. CMS has asked the QIN-QIO community to start with reinforcing communications because it is so critical. I appreciate your thoughts on how you did this and what your barriers and successes were and how you used the data.

It's interesting when you talk about constant reinforcement. This whole TeamSTEPPS concept is built on the theory of change that has eight steps. The seventh step is to stay on top of this. That's what Lisa is doing in her organization and weaving it into orientation and ongoing rounding. The eighth step in the
change theory is that it’s the new norm. It’s how you do business. You go from being constantly in the forefront to the new language for the new culture. It takes time.

Lisa, you have been working on this for a couple of years. I applaud you for continuing these concepts. Culture is difficult to change and takes time, but there is great value in it. Thank you very much. Lisa, was there anything we didn’t cover that you want to make sure everyone heard? If not, we can open up for questions.

I know the focus is on communication and I think the other trainings that you have offered, all the other components, weaves in, and that is why these tools are important because they completely balance and support the other initiatives we are working toward. When you think about a QAPI program and all the small projects you may have, having this communication style and process allows for a great platform to make QAPI programs successful because you have the underlying concepts of huddles happening with an emerging event and a debrief talking about what went well and what didn't go well. It lends itself dutifully to all the things that CMS is looking for.

That's true. Thank you very much. I am going to go back to Doreen. Maybe we will open up the lines if there are questions. I don't know if any have come into the chat box.

This is Sarah. To ask a question, press #6 or use your manual mute button. While Doreen is checking the chat room for questions, I want to invite Sean to join us on the line. He was sharing a lot of great pointers. He had some great things to share. Sean, press #6. We would love to hear from you.

While we wait for Sean, Doreen, any questions in chat?

I don't see any questions yet.

Good morning.

It's a wonderful program, and I suggest everyone jump in and give it a whirl. I went to a center in Vermont and met the doctors, and they told me a lot of horror stories. I went back and got involved with the director of nursing and did the Team STEPPS starting with SBAR. The doctors were amazed. They said I don't have to put down the phone so the nurse could get information. She was prepared. They were enthusiastic and got more involved. We made our relationship with the hospital next door. It's amazing. The tools are good to use. The Stop and Watch system empowered them to give information they didn't share before and to get thoughts and ideas on how to solve the situations.

>> We used the Board for applause which brought it altogether because people recognized each other and felt empowered and appreciated and recognized. I recommend it for everyone. We went from One Star to Five Star.

That's amazing. Thank you so much for sharing that.

Do we have any questions in the chat or has anyone joined the line to ask a question? Press #6.

No questions in the chat, Sarah.
While we are waiting for questions, this is Ann. One thing that people may be interested in is searching TeamSTEPPS long-term care and seeing the resources. They are free. Most can be downloaded from the website. There are great scenarios for dietary, housekeeping, and laundry. You can take these concepts and relate them to your team. Can we list that as a resource for people?

We will include the link on the thank you email going out tomorrow. This will be to all participants of today's webinar.

Great. Thank you.

Last call for any questions. Press #6 or enter your question in the chat.

If we have no questions, I will close today's call. I have a few announcements. Thank you to both of you and to Sean for sharing. If you have any questions or you need help with implementing TeamSTEPPS, reach out to your QIN-QIO state lead. Contact information is listed on the screen and included. Don’t forget to mark your calendars for upcoming events and educational opportunities. Check out our website for more information. A link for the November 9th webinar for accessing data reports in NHSN is included in the chat, and you will receive an email inviting you to register for the webinar on December 14th on preventing and managing C. diff. It is a two-part series.

In addition, please check out our Learning Management System called the Learning Center. We have several modules on topics including TeamSTEPPS, antibiotics, and reducing antipsychotics. There is a link for you to join. If you have any trouble, we also have an email address to help you get started on the screen.

Don’t forget to connect with the New England QIN-QIO on social media. We are on Facebook, YouTube, and LinkedIn. We always have a contest going on for free tickets for conferences and other educational opportunities. When you “Like” us, you will get alerts and receive more information about what is going on in nursing homes today. Again, thank you to our guests. If we have no other questions, we will close out this webinar. Thank you so much.

Have a great day, everyone.