

Project Title

TeamSPEAK® - SingHealth's Programme for Speaking Up for Patient Safety

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Organisation(s) Involved

SingHealth Duke-NUS Institute for Patient Safety and Quality, KK Women's and Children's Hospital, Singapore General Hospital, SingHealth Group Communications, SingHealth Group Allied Health, SingHealth Polyclinics

Project Category

New Pedagogy, Safety, Quality Improvement

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TeamSPEAK®- SingHealth's Programme for Speaking Up for Patient Safety

SingHealth **DukeNUS**
ACADEMIC MEDICAL CENTRE

**Institute for
Patient Safety & Quality**

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1. Background

A Survey for Patient Safety Culture conducted within the SingHealth Hospitals showed that 57% of staff agreed that "Staff are afraid to ask questions when something does not feel right", above the 35% threshold by the Agency for Healthcare Research and Quality (see Fig.1).

Open communication protects both patients and staff from any possible harm and is crucial in improving the quality of healthcare. It is thus urgent and necessary for healthcare professionals to improve communication by speaking up.

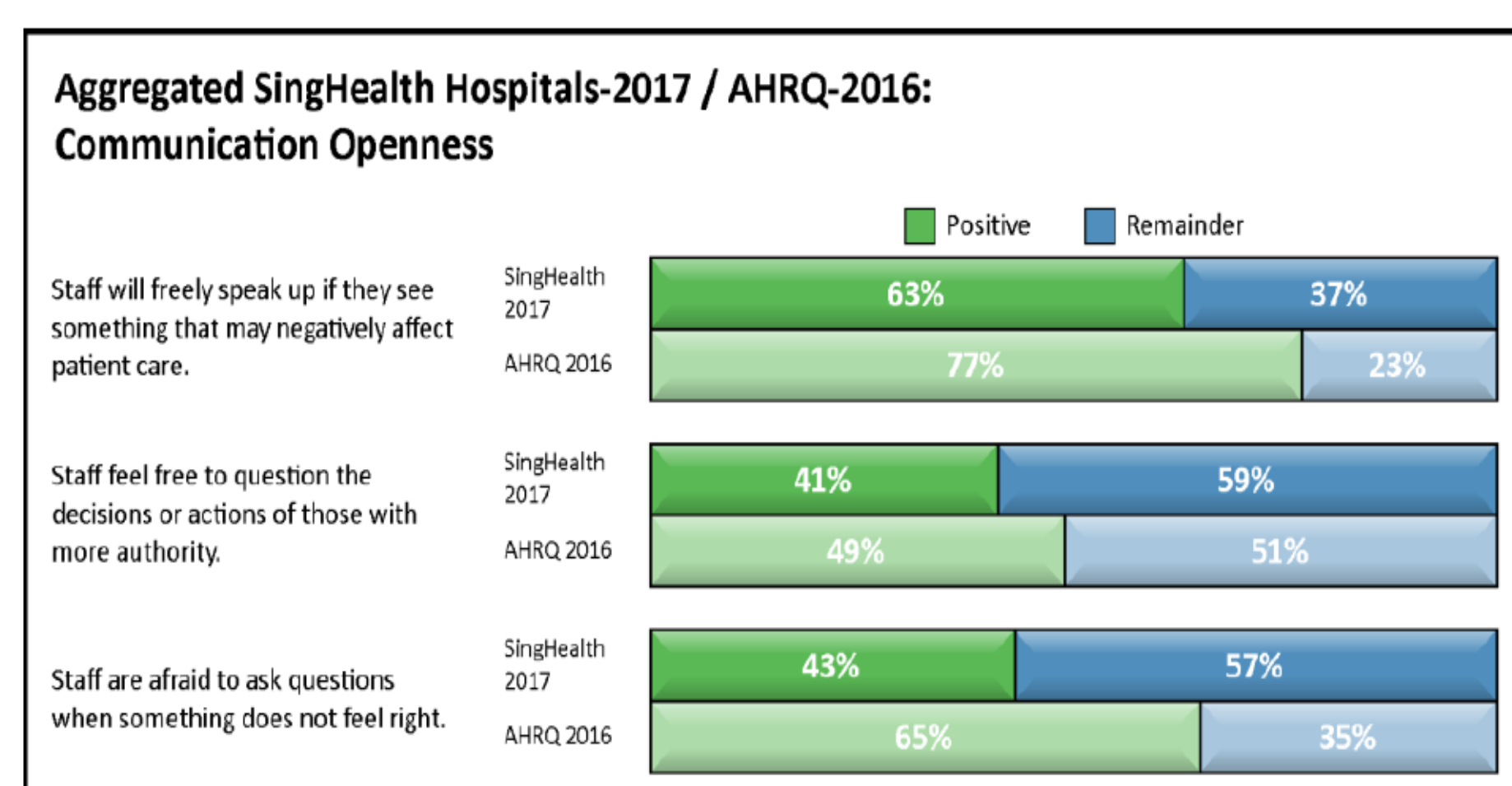


Fig.1 Survey for Patient Safety Culture

2. Aim

We aim to develop a cluster wide programme that promotes speaking up for patient safety.

3. Methodology

A group of 13 Faculty (see Fig. 2) were trained at Duke University as trainers for TeamSTEPPS® (Team Strategies And Tools To Enhance Performance And Patient Safety), an evidence-based comprehensive teamwork training designed to improve quality and safety in healthcare.

The faculty adapted the TeamSTEPPS® curriculum to develop a local programme called TeamSPEAK®, focusing on speaking up for safety and its psychological support elements and principles. TeamSPEAK® uses critical language - CUS to trigger the attention of team members that potential harm may be about to occur, via respectful and assertive communication strategies. CUS stands for "I am Concerned!", "I am Uncomfortable!", and "This is a Safety Issue!" (see Fig 3).

New teaching aids such as videos in both clinical and non-clinical settings (see Fig.4 and Fig. 5), and materials were created to promote scenario-based learning during TeamSPEAK® classes.

Leadership commitment is critical and TeamSPEAK® was supported by CEO, SGH for roll-out to all staff in SGH's FY18 workplan.



Fig.2 SingHealth Faculty

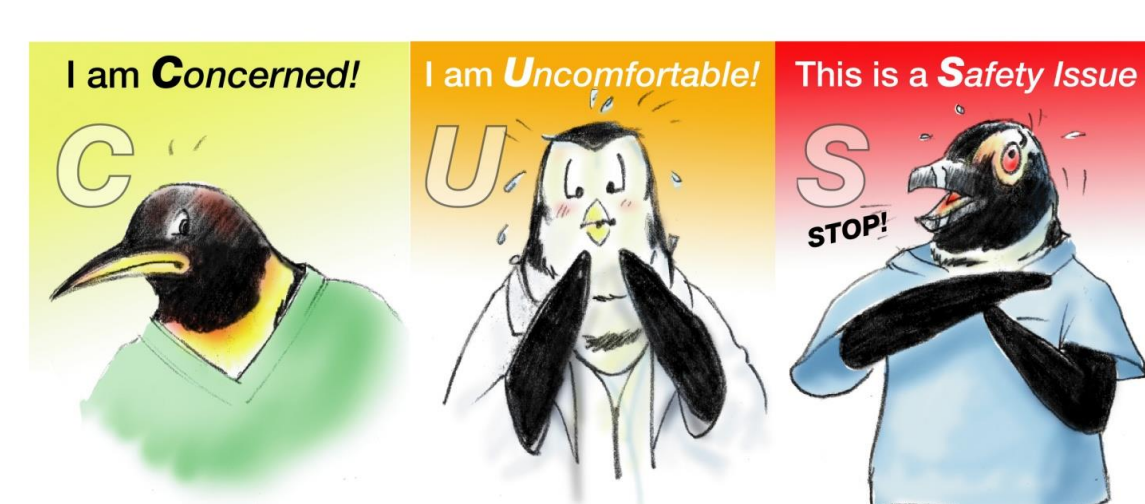


Fig.3 CUS

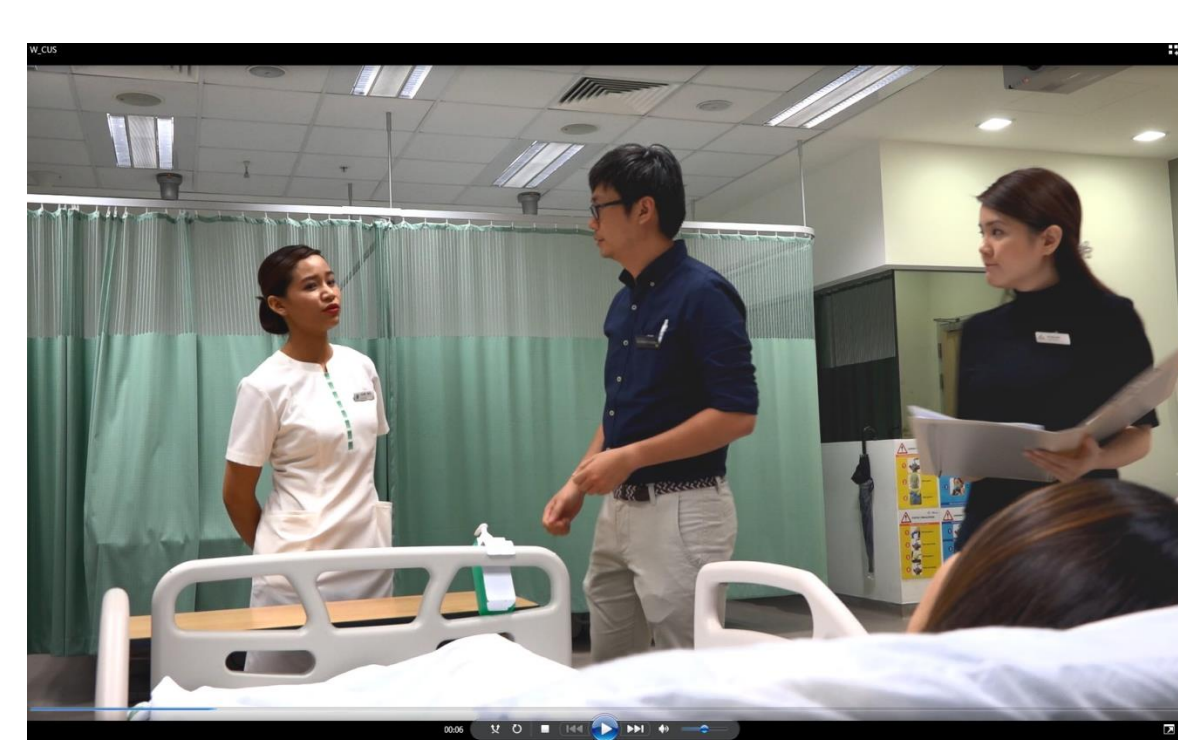


Fig.4 Clinical video shot

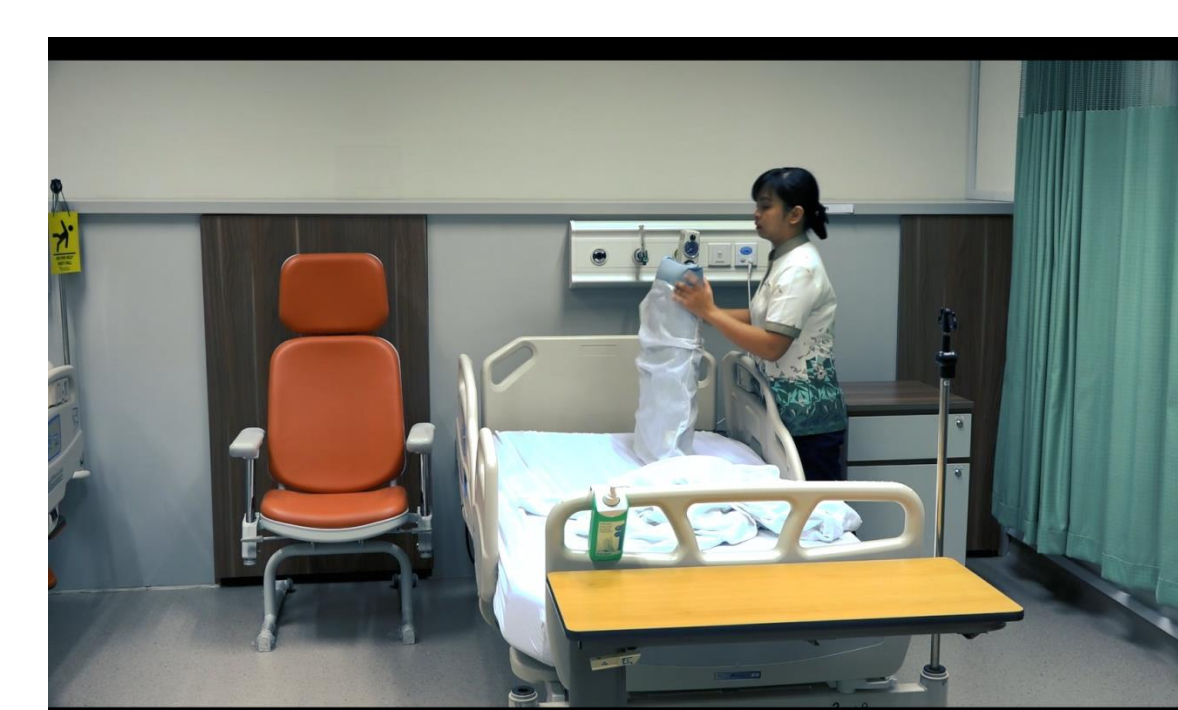


Fig.5 Non-Clinical video shot

In the roll-out to SGH, the team also incorporated cross-learning and experiences from KK Women's and Children's Hospital proprietary speak-up program.

PDSA 1 - The objective was to test the TeamSPEAK® programme and solicit feedback for further refinement (see Fig. 6).

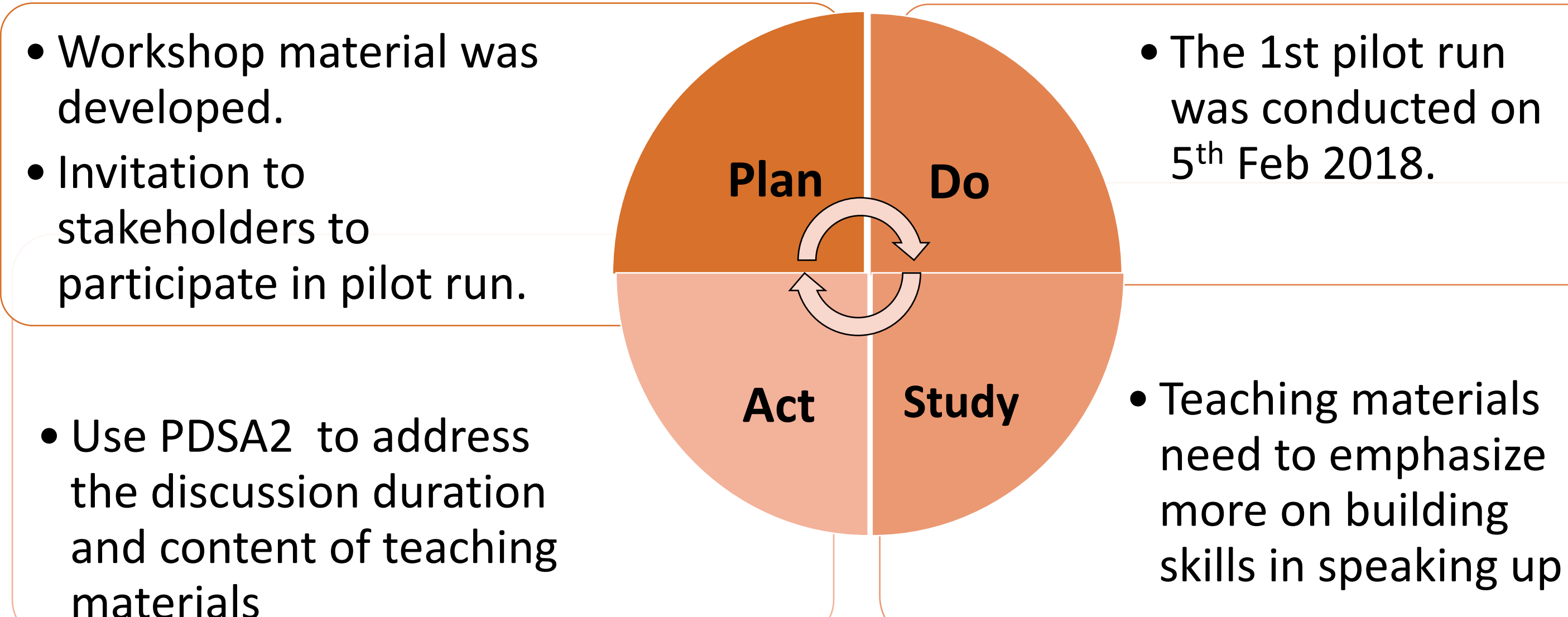


Fig.6 PDSA 1

PDSA 2 – Learning from PDSA 1, PDSA 2 focused on testing the revised teaching materials which emphasized on the skills to speaking up (see Fig.7).

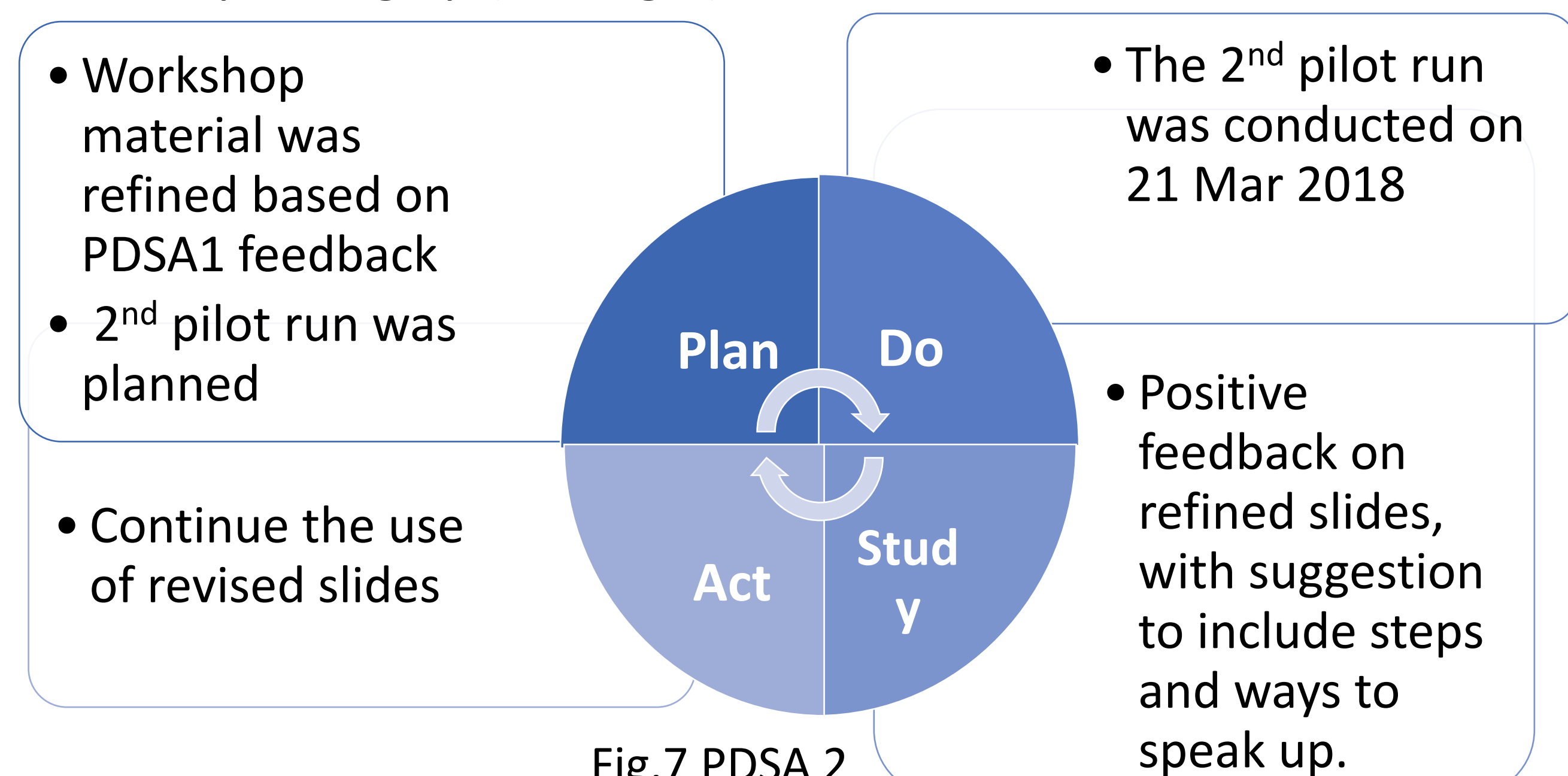


Fig.7 PDSA 2

4. Result

An improvement was shown in the participants' feedback who rated "agree" and strongly agree" in the workshop evaluation (see Fig.8).

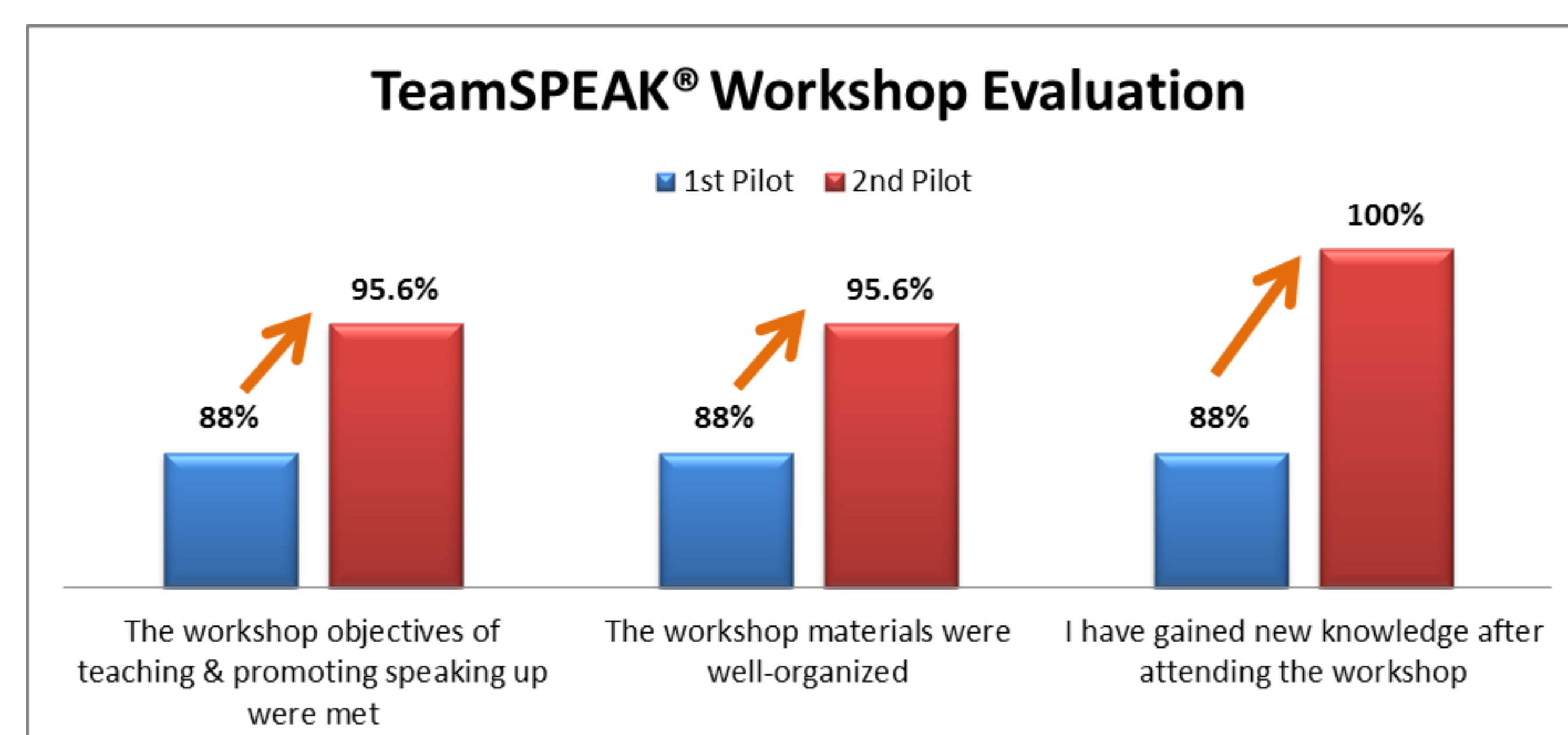


Fig.8 Workshop Evaluation result

Participants also shared that the videos & interactions with different professions during the session were very useful. With the successful pilot runs, the programme is now being rolled out in SGH.

5. Conclusion

TeamSPEAK® is a successful programme aimed towards encouraging speaking up for our patients' safety. Moving forward, Institute for Patient Safety & Quality aspires to foster greater awareness for speaking up by rolling out TeamSPEAK® cluster-wide.

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