

## 2014 Gage Awards

<b>Reference #</b>	7492537
<b>Status</b>	Complete
<b>Name of hospital or health system</b>	Metropolitan Hospital Center
<b>Name of project</b>	TeamSTEPPS Creates a Culture of Change in the Operating Room
<b>CEO name</b>	Meryl Weinberg
<b>CEO approval</b>	Check here to confirm that your CEO approves of this project being submitted for a 2014 Gage Award
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<b>Within which of the two categories does your application best align?</b>	Quality

<p>1. Provide a brief description of the project. (This section should resemble an abstract for a poster presentation or an abstract for a peer reviewed journal. Include an objective, data sources, study design, findings, and conclusions.)</p>	<p>“Team STEPPS creates a Culture of Change in the Operating Room”</p> <p>Providing healthcare to patients is a team effort, especially in the operating room. Communication, cooperation and coordination are critical to safe patient outcomes in the Operating Room. Metropolitan Hospital Center, a large public healthcare institution in Spanish Harlem/East Harlem community of New York City, performs approximately 4500 surgical procedures annually. The major services include General Surgery, Orthopedics, Podiatry, GYN and Urology. There are approximately 40 nursing and ancillary staff, 10 anesthesiologists and 60 surgeons/PA’s that participate in surgery. It is critical the OR staff communicate the patient needs without hesitation and openly.</p> <p>In the summer of 2013 the peri-op service line leadership requested the Patient Safety officer assist with internal communications in the Operating Room utilizing the Team STEPPS strategies and concepts to improve teamwork. The objectives of the intervention included: assess the need for improved teamwork in the Operating Room, integrate Team STEPPS tools in the OR, analyze and report meaningful improvement. The patient safety officer agreed to initiate two interventions. The first was to conduct a Communications Culture Survey and the second would utilize TeamSTEPPS strategies and concepts to improve teamwork.</p> <p>In August 2013, 71 OR staff, from all disciplines, participated in the communication survey. The survey included 20 questions. The baseline results included a majority of positive responses such as 83% of the 71 indicated they are happy in their jobs and 80% agreed that briefing is valuable prior to the procedure. However, questions related to working with attending physicians revealed 31% were neutral, 34% were neutral related to staff moral and 43% indicated poor communication is one of the leading causes of delay in surgery. The OR staff will retake the communication survey as a follow-up to the interventions in January 2014.</p> <p>Utilizing the Team STEPPS tools, patient safety coached the OR staff by improving on-time 1st case starts and improving the completion of the time-out surgical checklist. On-time 1st case starts increased from 29% to 68% over a three month time frame. The completion of the surgical time-out checklist improved from 89% to 100%, also over a three month time frame</p> <p>Implementing an evidence based teamwork system designed to improve quality, safety and efficiency in the OR provided powerful, tangible results that has improved staff-physician communication, clarified roles and expectations, and emphasized the need for transparency in such a critical setting.</p>
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<p><b>2. Describe the methods use in this project. Include where, why, and how the project was accomplished.</b></p>	<p>As previously discussed, the OR staff participated in a communication survey. The goal of the communication survey was to:</p> <ol style="list-style-type: none"> <li>1. Assess the current communication culture among the various disciplines in the OR.</li> <li>2. Assess the effectiveness of the current communication between disciplines.</li> <li>3. Recommend guidelines for effective communication.</li> </ol> <p>The questionnaire consisted of four parts. The first part asked respondents to describe the quality of communication and collaboration they experienced with each other. There was a 5 point rating scale: Very Low, Low, Adequate, High, Very High and Not Applicable. The second part included 20 closed ended questions on their perception of communication and their experience in the OR. The respondents selected: Strongly Disagree, Slightly Disagree, Neutral, Slightly Agree, Strongly Agree, or Not Applicable. The third part contained background items to assess their position in the unit and the fourth part included one open ended question asking for their comments and opinions for improving communications in the OR.</p> <p>The survey was sent via email link to Survey Monkey. Hard copies were also available to staff who did not wish to use the internet. Information regarding the survey was communicated to the staff at staff meetings and grand rounds.</p> <p>The TeamSTEPPS model was utilized in order to level change and improve communication and efficiency in the OR. TeamSTEPPS would provide the guidelines for role modeling on how to conduct huddles, briefs, coaching staff to be sensitive, responsive to CUS (concerned, uncomfortable, safety) words, identification/acknowledgement of near misses, and other escalation techniques to assist in making patient safety a priority.</p> <p>The OR staff received refresher training on Team STEPPS concepts. They were then coached by the safety officer on implementing the concepts as situations unfolded. The Operating room staff participated in the project with the safety staff coaching the nurse in charge, the clerks, the nurses, the OR techs and the physicians. The goal was to ensure surgery started on time. This can only be accomplished by communicating effectively with all involved with the process.</p>
<p><b>3. Describe the results of the project. What data was used to support improvement results?</b></p>	<p>The project was able to demonstrate significant improvement of the on-time starts. Compliance of on-time starts increased from 29% to 68% from August through October, 2013.</p> <p>This improvement was supported by: the diligence of the safety staff supporting the OR staff, providing the staff with immediate feedback, daily huddles scheduled at 7:20 AM, huddles when communication broke down, real time communication with the surgeons related to getting to the OR on time, working with the PA's and residents to ensure the patients documents were complete. The most effective tool was the support the staff received when a physician had to be called and also posting the staff who were on time and those who were late. These data demonstrated a 50% improvement.</p>

<p><b>4. Describe what happened as a result of the project. Was the improvement related to the intervention? Can the project be duplicated by other organizations?</b></p>	<p>As a result of the project the arrival time of the physicians/PA's improved significantly. Thus providing a sense of teamwork for all the staff to ensure the patient's procedure started promptly and all details were handled by the team. Another result of the project was increasing compliance of the time out checklist from 89% to 100% in a three month time frame. We believe the improvement was directly related to the project since the data starting in August when we rolled out the project illustrates improvement. This project can certainly be reproduced in any clinical setting.</p>
<p><b>5. Describe how patients, families, and if appropriate, community was included in the work.</b></p>	<p>Patients and families were indirectly involved and benefited directly from this project. Our focus was always moving the patient through the OR process safely and efficiently. Introducing TeamSTEPPS provided the framework to focus the staff.</p>
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