Our Inconvenient Truth

Team Training:
Are you participating?

The future of CRM and Team Training in Medicine

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Our Inconvenient Truth : Team Training Are you Participating?

Personal background:

– **Commander, United States Navy**

– **Current assignment as Senior Healthcare Analyst, Clinical Support Division of Medical Operations at the Navy's Bureau of Medicine and Surgery**

– **Training & Education:**
  - **Aviation Safety, Anesthesiology, Dentistry and Bioengineering**

– **Navy career for 22 years included 10 years as an Aerospace Physiologist and Aeromedical Safety Officer:**
  - **Human Factor Analysis of (US Navy) Aircraft Mishaps**
  - **Aircrew Coordination Instructor for Fighter Aircraft Aircrew / Helicopter Aircrews**

– **Founded CounteRisk Technologies, Inc. (January 2000)**
  - **Using aviation safety principles to train any team or group be it in aviation, medicine or business, in communication, decision making and mishap prevention.**

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Definitions

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Our Inconvenient Truth : Team Training Are you Participating?

DoD – Department of Defense

**BUMED - Bureau of Medicine and Surgery
(Headquarters for Navy Medicine)**

**JCAHO – Joint Commission on Accreditation of Healthcare
Organizations**

HCTCP – Health Care Team Coordination Program (DoD)

FAA – Federal Aviation Administration

MHS – Military Health System

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& Team Training in
Medicine*

Our Inconvenient Truth : Team Training Are you Participating?

MTF – Medical Treatment Facility

CRM – Crew Resource Management

LOFT – Line Oriented Flight Training

TeamSTEPPS – Team Strategies and Tools to Enhance Performance and Patient Safety

CCCRIT – Critical Communications and Crisis Response Improvement Training

MTM – Medical Team Management

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RCA- Root Cause Analysis

L&D – Labor and Delivery

OR – Operating Room

ECOMS – Executive Committee of the Medical Staff

SBAR – Situation-Background-Assessment-Response

RVU – Relative Value Units

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Department of Defense Patient Safety Program
Technical Advisory Board Meeting
8 June 2006

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Question:

Why wouldn't you have a team training program at your healthcare institution?

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Aviation's Safety History & Human Factor Threats

✈ ## Aviation Mishap Events

- No defined recognition or training in 'human factors' pre-1980

- Mishaps reach epidemic levels worldwide
  - Eastern Airlines 401 (1972 Miami, FL)
  - United Airlines 173 (1978 Portland, OR)
  - Air Florida 90 (1982 Washington, DC)

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CRM was implemented after a series of major air disasters brought to the industry's attention the fact that simple human factor errors were the primary causal factors of those fatal mishaps.

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- Aviations' Lessons Learned:

  - include programs to combat performance threats and establish a Culture of Safety :

  - CRM

    - Originally introduced by United Airlines in 1980, their human factor awareness training became known as Cockpit Resource Management.

    - To reflect a team concept, CRM is now defined as *CREW* Resource Management, and

      is now a requirement for all airline operations

      o (FAA Advisory Circular 120-51E, 22 January 2004)

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✈ Aviations' Lessons Learned:

– Pre-Flight Briefings

– Post Flight Debriefs

– Mishap Investigations
- Analysis
- Reporting
  - Includes Near Misses!

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Military and civilian aviation programs have achieved remarkable improvements in their mishap rates over the last 25+ years following the introduction, and system wide implementation of concerted efforts to target flight teams' awareness of human factor threats, communication and decision making skills, and teamwork improvement.

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Medicine's Safety History &
Human Factor Threats

♥ **Medical Mishap Events**

- Institute of Medicine Report

  "To Err is Human" (1999)

  – Potentially 44,000 – 98,000 deaths from medical errors

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✈   No need to reinvent the wheel!

♥   Alter medical teams' performance through aviation styled human factors awareness programs.

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CRM programs, and the foundations upon which they are based, have found their way into medical literature and practice worldwide, both at the critical care operating room, intensive care and emergency department levels, as well as within traditional patient care areas.

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JCAHO Sentinel Event Alert #30 issued in July 2004:

Preventing Infant Death and Injury During Delivery

47 cases of Perinatal Death or Permanent Disability*

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*N.B.- Number of cases reported at the time report was released.

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RCAs of 47 Reported Cases listed the following primary <u>Causal Factors</u>:

– **Communication (72%)**

– **Organizational Culture as a Barrier to Effective Communication & Teamwork (55%)**

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Risk Reduction Strategies Reported (from RCAs):

- Revise Communication Protocols
- Reinforce Chain-of-Communication Policies
- Conduct Team Training
- Revise Conflict Resolution Policies

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JCAHO Specific Recommendations:

– Conduct Team Training in Perinatal Areas to Teach Staff to Work Together and Communicate More Effectively.

– For High Risk Events, Conduct Drills to Help Staff Prepare for When Such Events Occur, and Conduct Debriefings to Evaluate Team Performance and Identify Areas for Improvement.

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Kenny G's* General Recommendation:

All medical treatment teams, ESPECIALLY those involved in critical care scenarios, should receive team training to improve team communication skills and increase awareness of individual human error.

*(not the musician).

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- Training is already mandatory throughout the civilian and military aviation communities, because the aviators, both pilots and aircrew, all have accepted these principles as worthy.

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- Requirement for standardization of requirement for similar initial and annual refresher training for medical teams, will require an acceptance curve that aviation has already experienced.

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Establish a Culture of Safety at Medical Treatment Facilities

Ideally create a sustainable, locally championed, and locally run program (ownership).

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Mission:

Navy Medicine seeks to provide the highest quality medical care to its warriors and family members; whether at home, or deployed worldwide, and acutely, for the care delivered to those men and women risking their lives on the fields of battle.

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Regardless of the clinical setting, teamwork failures and communication errors lead the way as the primary causal factors shown in RCAs completed after adverse patient events.

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Communication errors alone account for over 70% of all patient related medical errors in both Navy and civilian medical practices.

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Notoriety of several high profile, high payout, medical malpractice cases related to team communication errors at military and civilian MTFs has thrust this issue to the forefront of medicine's concerns about the delivery of quality care.

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Some causal human factors noted in aviation included (but were not limited to): personal stressors such as fatigue and crew rest, inattention and failure to recognize developing crisis, known as loss of situational awareness, and failure of crews to communicate time critical information to each other.

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Each of these issues has also shown up in countless medical root cause analysis.

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The saving of even one life is immeasurable, but regardless of the malpractice claim award, there will be significant financial savings to the MHS by preventing even one unnecessary medical error which is later brought to trial and results in jury award.

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- **JCAHO has incorporated improved communication amongst healthcare providers as part of their National Patient Safety Goals and Sentinel Event Alerts.**

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- **JCAHO safety goals are not mandated for hospitals to follow, in the way that airlines must follow FAA guidelines.**

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However, not following their recommendations will provide ammunition for those litigators seeking any angle to prove their cases.

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Threat Reduction:

- Breakdowns in teamwork and communication missteps have resulted in numerous poor outcomes in various medical disciplines.

- So logically, improving both communication amongst team members, and teamwork issues such as conflict resolution, would be one of the logical corrective solutions.

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The question remains:

Why wouldn't you have a team training program at your healthcare institution?

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- **"Not enough *evidence based* medicine/proof to support doing."**

- **"Staff won't buy in."**

- **"Docs won't show."**

- **"Loose RVUs……$$$$$"**

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- **True,**

- **True,**

- **True   aaaaaaannnnd**

- **True**

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But so what?

And more importantly,

...........what will you do?

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Show me the money?

or

Do the right thing?

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How should we measure success of these programs?

♥ **Reduction in Mishap Rates? (long term)**

♥ **Increase in Reported Near Misses? (short term)**

♥ **Decrease in staff conflict issues? (ongoing)**

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Taken from:

"Critical Communications
& Crisis Response
Improvement Training"

Leadership- *Styles and Influences* Module

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General Colin Powell's Talking Points on Leadership:

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- **Lesson 1-**

"Being responsible sometimes means pissing people off."

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Good leadership involves responsibility to the welfare of the group, which means that some people will get angry at your actions and decision.

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Risks and Opportunities:

There are no risks to deploying a program such as this. The benefits of improved team performance, reduced errors and positive successful and predictable patient outcomes, far outweigh any possible financial expenditure for training costs, including travel of master trainers to MTFs to conduct training, and the costs of lost provider time for those participating in training sessions.

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Someone is watching what "we" do:

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Your friendly neighborhood malpractice attorney

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There is, however, a risk to not developing and promoting concerted system wide efforts to institute and carry out team improvement programs, be they in Navy or civilian medical practices.

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These risks include malpractice attorneys who will target and focus attention on institutions involved in litigation, that have not availed themselves to the team training patient safety programs which are available commercially or institutionally, such as DoD's TeamSTEPPS.

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Imagine an exchange such as:

"Dr. Wiezenheimer, Is your organization utilizing some team or communication based programs such as

TeamSTEPPS?

MTM, Med Teams, or CCCRIT perhaps?"

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The exchange continues:

" No? Well, then perhaps maybe you're at least utilizing some practical team enhancement protocols such as

SBAR?
Briefs?
De-Briefs?
Huddles?
Handoffs?
2 Challenge Rule?

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The exchange continues:

" No again? So, if you were aware of these programs that are *widely* available, what was the reason your institution chose not to participate?"

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So is Our Inconvenient Truth that you don't have a team training program because it's inconvenient?

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Task:

Promote aviation modeled team communication improvement programs which will support medical staff and medical treatment facilities (MTFs), as well as operational commitments throughout the entire (Navy) medicine enterprise.

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Plan:

Insure multi-disciplinary training programs which are the next phase of CRM.

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Method:

The next phase of team training programs revolve around multi-tiered levels of crisis response, are specialty driven, and incorporate the most practical parts of various communication enhancement programs that are available, TeamSTEPPS, CCCRIT, MTM, MedTeams, etc.

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Target Audience:

Patient safety staff, linked specialties*, hospital administrators, crisis response program leaders, crisis action teams, rapid response teams, deployed surgical teams and personnel involved with local homeland security programs.

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Rationale:

Crisis response, whether in a surgical trauma team, or in homeland security efforts, requires multi-tiered communication enhancements that go beyond the first wave of CRM based training programs.

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So what is this "Next Phase" of CRM in medicine?

- Again, aviation has taken the lead, morphing the original pure CRM stand-alone training to current LOFT programs.

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LOFT=

Line **O**riented **F**light **T**raining

(Known by different names at different air carriers, but the principle is the same: CRM principles are not taught as a stand-alone program, but incorporated into simulations of routine and emergency flight procedures).

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LOFT for Medicine:

How do we get there?

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LOFT for Medicine:

Utilize programs that adapt CRM principles directly into specialty training programs.

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TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

(Thanks to Heidi King DoD HCTCP office.)

PERFORMANCE

Leadership

Communication

Situation Monitoring

Mutual Support

SKILLS

KNOWLEDGE

ATTITUDES

PATIENT CARE TEAM
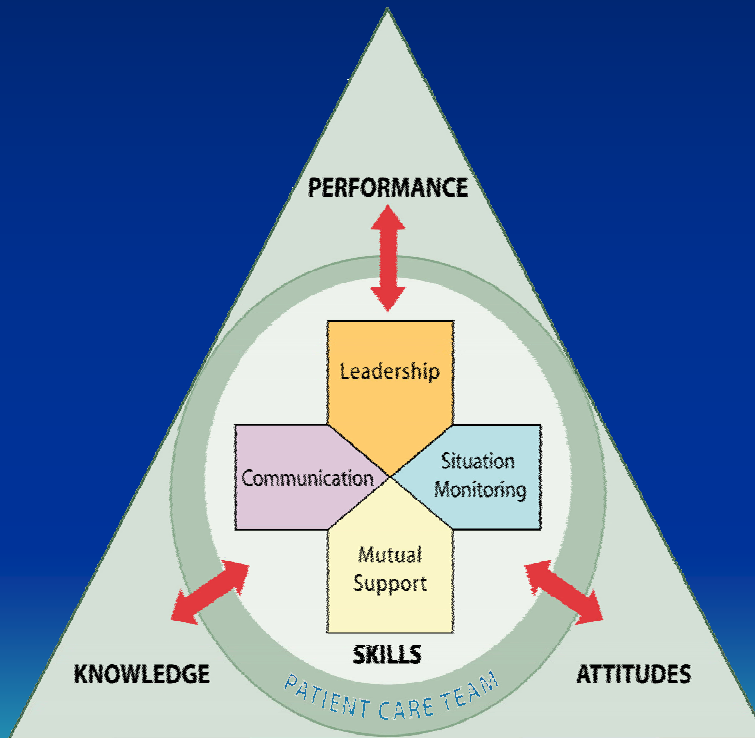
Department of Defense initiative based on evidence derived from team performance… leveraging more than 25 years of research in military, aviation, nuclear power, business and industry…to acquire team competencies.

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TeamSTEPPS

- A comprehensive program that relies on a "train the trainer" model for insuring sustainability.

- DoD's HCTCP "Master Trainers" teach facility's departmental staff over a period of 3 days to become the instructors for their specialty area (e.g.- Labor & Delivery)

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CCCRIT

• *Trial program at Navy MTFs, incorporating elements of standard CRM, with elements from TeamSTEPPS, integrated into specialty care protocols, as part of ½ day didactic program targeted at improving communication skills amongst core teams.*

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CCCRIT

- *Clinical session follows for ½ day, in OR, ICU, or L&D suite, etc., where scenarios are acted out and videotaped.*

- *Video tapes immediately reviewed after exercise, to point out elements of morning team didactics that were or were not utilized.*

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CCCRIT

- *Teams determine what problem areas they want to target.*

- *Pick which "best practices" (such as SBAR) to use, from the team training programs (such as TeamSTEPPS / CCCRIT), and then focus the post training period at their target areas.*

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Sustainment ⇔ Ownership

• Use material every day to change the culture

• Maintaining a presence via:
  ➢ Master Instructors?   (kick start)
  ➢ Train the trainer?   (dilution)
  ➢ Local instructors?   (ownership)

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Sustainment ⇔ Ownership

- Core Instructors who own the program!
  - ➢ ECOMS
  - ➢ Departmental Champions

- Begin Early
  - ➢ Medical School- Interns/Residents

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- Driven from the Top Down

- Demanded by the Bottom Up

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So, for the last time:

Why wouldn't you have a team training program at your healthcare institution?

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So, will you participate?

Empirically, this is like an airplane's mid-air collision avoidance system….

– **Would you not want it installed in your airplane?**

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The End

¿ Questions ?

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