The Inconvenient Truth

Team Training: Are you participating?

The future of CRM and Team Training in Medicine
The Inconvenient Truth: Team Training Are you Participating?

Personal background:

- Commander, United States Navy
- Assignment as Senior Healthcare Analyst,
  - BUMED Medical Operations, Clinical Support Division
- Training & Education:
  - Aviation Safety, Anesthesiology, Dentistry and Bioengineering
- Navy career 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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Disclaimer
Department of Defense
Patient Safety Program
Technical Advisory Board Meeting
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Question:

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
But so what?

And more importantly,

.............what will you do?
Show me the money?

or

Do the right thing?
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Taken from:

“Critical Communications & Crisis Response Improvement Training”

Leadership- Styles and Influences Module
General Colin Powell’s Talking Points on Leadership:
• Lesson 1-

“Being responsible sometimes means pissing people off.”
Good leadership involves responsibility to the welfare of the group, which means that some people will get angry at your actions and decision.
Someone is watching what “we” do:

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Your friendly neighborhood malpractice attorney
Imagine an exchange such as:

“Dr. Witness, Is your organization utilizing some team or communication based programs such as TeamSTEPPS? MTM, Med Teams, CCCRIT perhaps?”
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The exchange continues:

“Or perhaps maybe you’re at least doing some practical team enhancement protocols such as

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

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.
Scenario:

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

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.
Target Audience:

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

Line Oriented Flight Training

(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).
LOFT for Medicine:

How do we get there?
A Quick Review:

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I. 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)
Aviations’ Lessons Learned:
- include programs to combat performance threats and establish a Culture of Safety:

- CRM (Crew Resource Management)
  - To reflect a team concept, CRM is now defined as CREW Resource Management, and is now a requirement for all airline operations
    - (FAA Advisory Circular 120-51E, 22 January 2004)
Aviations’ Lessons Learned:

- Pre-Flight Briefings
- Post Flight Debriefs
- Mishap Investigations
  - Analysis
  - Reporting
    - Includes Near Misses!
II. 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
III. Altering Medical Teams Performance through Aviation Styled Human Factors Awareness Programs.
IV. Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

- JCAHO Sentinel Event Alert #30 issued in July 2004: Preventing Infant Death and Injury During Delivery
  47 cases of Perinatal Death or Permanent Disability*

*N.B.- Number of cases reported at the time report was released.
Root Cause Analysis (RCA) of 47 Reported Cases listed the following primary Causal Factors:

- Communication (72%)
- Organizational Culture as a Barrier to Effective Communication & Teamwork (55%)
Risk Reduction Strategies Reported (from RCAs):

- Revise Communication Protocols
- Reinforce Chain-of-Communication Policies
- Conduct Team Training
- Revise Conflict Resolution Policies
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.
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.
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.
Establish a Culture of Safety at Medical Treatment Facilities

Ideally create a sustainable, locally championed, and locally run program.
Team STEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

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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CDR Ken Green
US Navy Bureau of Medicine and Surgery
Quality Colloquium @ Harvard University

8/17/2006

Healthcare
Team
Coordination
Program =>

(Thanks to Heidi King
DoD HCTCP office.)
TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

• 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: Critical Communications & Crisis Response Improvement Training

A one day program for improving multi-directional communication and crisis decision making skills
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Critical Communications & Crisis Response Improvement Training

• 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), and then focus the post training period at their target areas.
Sustainment

• Use material every day to change the culture

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

• 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
So, will you play?

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

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Communicate
Change
Be Aware
Be Practical

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? Questions ?