

Connecting Your Audio

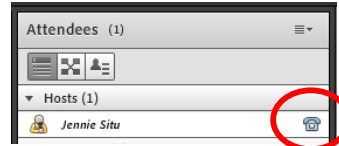
Want to ask a question over the audio?

Make sure you are dialed-in.


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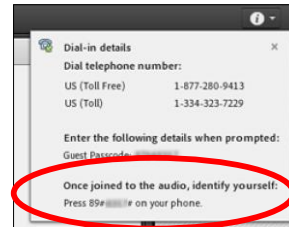
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Building an Implementation Team

Onboarding 4



Connecting Your Audio

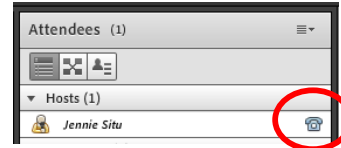
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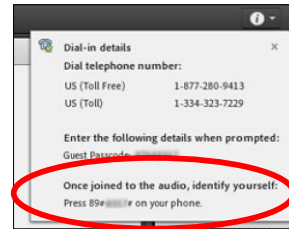
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Asking Questions

Please use the “Chat Pod” or “raise hand” feature to ask a question during today’s onboarding



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Presenters



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Director, Clinical Quality
AHA/HRET



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Clinical Content Development Lead
AHA/HRET

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Why Are We Doing This?

Reduce Healthcare Associated Infections (HAIs)



*Requires a strong
commitment at the
organizational and
unit level!*

**Improve safety culture and
Infection Prevention Practices**



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Objectives

- Explain the importance of building a team to improve infection prevention.
- Cite the expectations and responsibilities of each core team member.
- Identify state organizations and partners to be team members for HAI prevention.
- Apply core team building principles to identify a team of leaders and staff members to drive successful implementation of the HAI reduction initiative.

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How Does a Team Achieve Their Goals?

- Knowing what needs to be done and how to do it effectively
- A shared mental model by all team members
- Collaborating to improve processes and patient care outcomes



(Newhouse RP and Spring B, Nursing Outlook, 2010; McAlearney, AHRQ, 2015)

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Benefits of Teamwork

Teamwork Reduces:

- Clinical errors
- Staff turnover
- Patient and family complaints

Teamwork Improves:

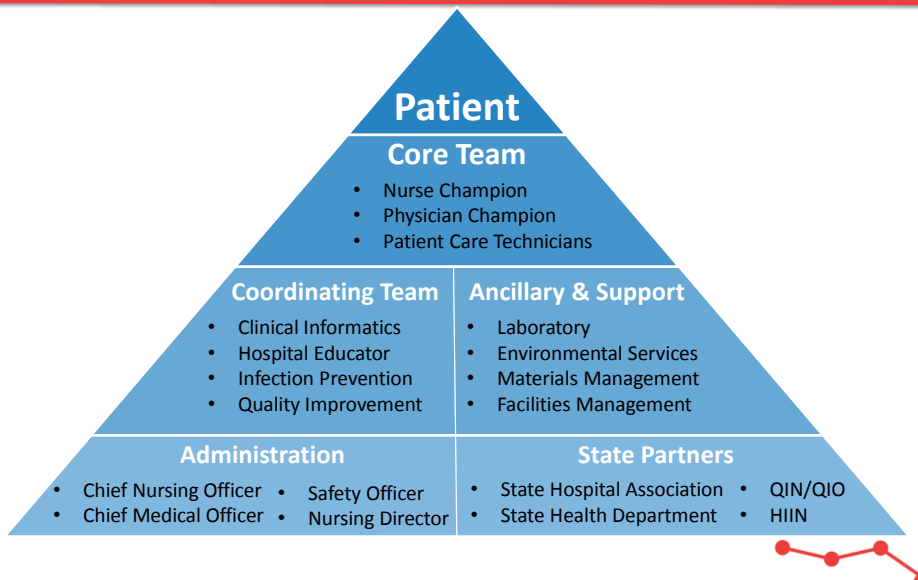
- Patient outcomes
- Patient and family experience
- Staff experience
- Process (measures)

(TeamSTEPPS 2.0 AHRQ)

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Multi-Team System (MTS) for Infection Prevention



Team Structure Supports Outcomes

Establishing a clear team structure helps:

- Improve efficiency in information sharing
- Focus everyone on the goals
- Anticipate needs and adjust to changes
- Improve performance over time



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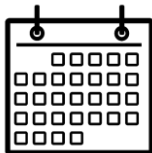


Core Team Leader Expectations



Facility team leader should:

- Establish a multi-disciplinary team
- Regularly engage executive, physician and nurse champions



Team should:

- Learn and implement clinical and cultural interventions



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Core Team Expectations



Confer rights for NHSN data transfer



Meet monthly to brainstorm and execute process improvements



Monitor HAI data and communicate progress



Ask for help!



Assign Roles and Responsibilities

STRIVE Core Team Roster and Responsibilities

Instructions: Review the suggested responsibilities for each role listed on the team roster and use this matrix to build consensus and determine each role's responsibilities. Check each box when responsibilities are agreed upon for each role.

TEAM RESPONSIBILITIES	TEAM LEADER	EXECUTIVE PARTNER	PHYSICIAN CHAMPION	NURSE CHAMPION	FRONT-LINE NURSE	INFECTION PREVENTIONIST	OTHER
Advocate for project goals with peers							
Represent team to leadership and committees							
Prioritize safety defects							
Meet regularly to review progress							
Educate peers about infection prevention practices							
Identify and implement strategies to overcome barriers							
Empower nurses and other staff to stop procedures if protocols are not followed							
Review data							
Support implementation of recommendations							



Engaging Senior Leaders

- Vice president level or higher when possible
- Actively engaged in progress of project
- Interested in clinical care, but not required to be a clinician
- Willing to learn from, listen to, and work with staff to improve patient safety on the unit

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Leaders and Influencers



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Start Identifying Champions



Can you name individuals (their position!) in your hospital who have the leadership skills and influence to help start this work?

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Engage an Existing Team for Support

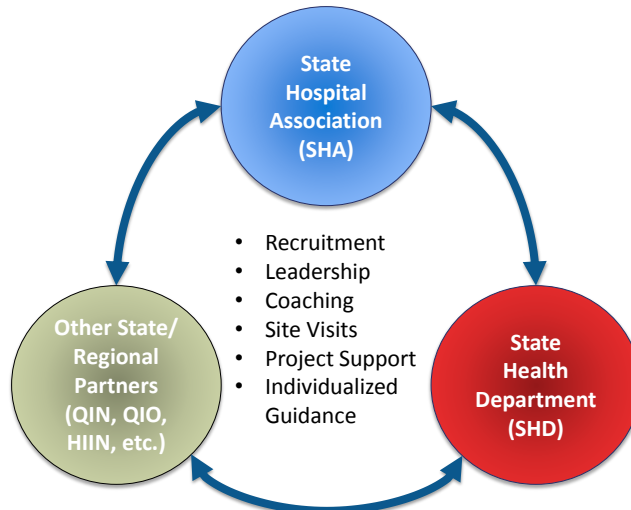


Is there an existing team that could help support this project?

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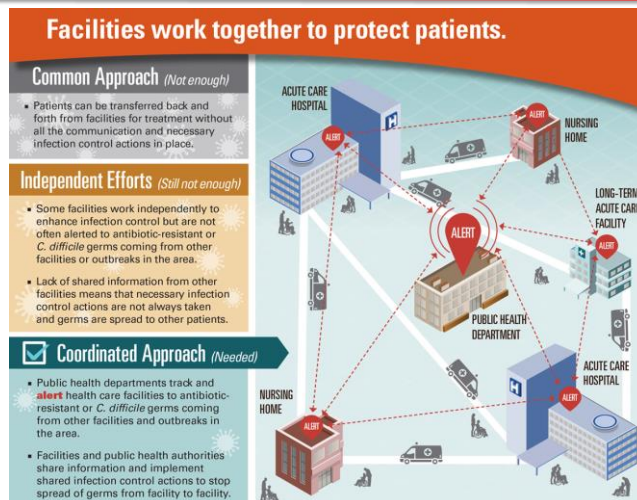
Teamwork Beyond the Hospital Walls



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Coordinated Responses Are More Effective



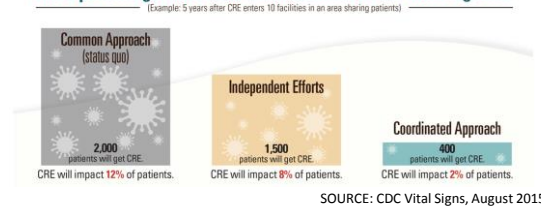
(Slayton R.B. CDC MMW, 2015)

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Working Together is Vital

More patients get infections when facilities do not work together.



- Infections and antibiotic use in one facility affect other facilities because of patient transfers
- When hospitals are aware, they can target specific prevention strategies based on outbreaks or infection risks
- Collaborative infection prevention efforts and improved antibiotic prescribing could prevent 619,000 antibiotic-resistant and CDI infections over 5 years

(Slayton R.B. CDC MMW, 2015)

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Teamwork Between Hospitals and State Partners

State Partners

- Familiar with infection prevention activities in health care facilities throughout the state
- Have dedicated staff to improve connections and coordination
- Use data to drive action

Hospitals

- Connect with the State Partners to share data about HAIs and infection prevention practices

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Strategies for Engaging State Partners as Team Members



How can your hospital partner with state organizations to improve infection prevention practices?

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Learning From Past Successes



Describe a successful infection prevention project in your hospital. What did you learn from the team?

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Leading a Team

- Clinical
- Technical
- Day-to-day
- Sponsorship



Practice Facilitation Handbook.
 Module 14: Creating Quality Improvement Teams and QI Plans
<https://www.ahrq.gov/professionals/prevention-chronic-care/improve/system/pfhandbook/mod14.html>

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Strategies for Success

- Create opportunities for transparent communication among team members
- Empower clinical staff to speak up and advocate for the patient
- Use structured handoffs that convey important information concerning prevention of HAIs
- Use tools to enhance situational awareness of patient care in your unit



[As seen in TeamSTEPPS](#)

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Working as a Team

- Create a safe space for discussions
- Assess gaps in infection prevention practices
- Provide competency based training
- Audit and analyze compliance with new processes
- Provide feedback regularly

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Learning as a Team

- Complete on-demand coursework
- Consider how you might use tools and resources
- Identify issues to share with your peers
- Share lessons learned and best practices



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Checklist for Success

- Do you have commitment from your leadership?
- Have you shared the project goals within your organization?
- Are you ready to build a multidisciplinary team?



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Next Steps

- ✓ Submit ICAR or PCA
 - Due May 31, 2017
- ✓ On-demand courses are now available! We recommend beginning with:
 - [Competency-Based Training, Audits and Feedback](#)
 - [Uber Adaptive Strategies for Infection Prevention](#)
- ✓ Attend the monthly Learning Action Forums (LAFs)
 - First LAF will be Tuesday June 27 at 11:00 am CT

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References

1. Newhouse RP, Spring B. Interdisciplinary Evidence-based Practice: Moving from Silos to Synergy. *Nursing Outlook*. 2010; 58(6): 309–317. <http://doi.org/10.1016/j.outlook.2010.09.001>
2. McAlearney AS. Final Report. High-Performance Work Practices in CLABSI Prevention Interventions: Executive Summary. (Prepared under Contract No. #HSA2902010000221, Task Order No. 5.) Rockville, MD: Agency for Healthcare Research and Quality; May 2015. AHRQ Publication No. 15-0044-EF.
3. TeamSTEPPS 2.0. Rockville, MD: Agency for Healthcare Research and Quality, AHRQ. Available at <http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/index.html>
4. Slayton RB, Toth D, Lee BY, et al. Vital Signs: Estimated Effects of a Coordinated Approach for Action to Reduce Antibiotic-Resistant Infections in Health Care Facilities –United States. *Centers for Disease Control and Prevention, Morbidity and Mortality Weekly Report*. 2015; 64(30): 826-831.
5. Derek A. Haas AE. *The Mayo Clinic Model of Running a Value-Improvement Program*. Retrieved from Harvard Business Review. 2015, November 17. Available at <https://hbr.org/2015/10/the-mayo-clinic-model-for-running-a-value-improvement-program>

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Contact Person

Main person to contact is from your **State Hospital Association**

	Organizational Lead	Contact
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If you're not sure who this is, then email STRIVE@aha.org





Questions?

Email: STRIVE@aha.org

EVALUATION

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