

# How to Build and Motivate a Successful Stroke Team

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# Objectives

- Create and motivate an interdisciplinary stroke team
- Develop a facility wide campaign
- Gain buy-in without authority
- Work cooperatively with partner facilities across the care continuum



# Building a Successful Team



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# Interdisciplinary Team - Hospital

- Team Leader/Champion
- Nursing (for example, RN, LPN, Assistants, etc.)
- Hospitalists/Neurology/IR
- Pharmacy
- Staff education
- Performance Improvement
- Dietary/Dietician
- Radiology/Imaging/Lab
- ED
- EMS
- Rehab OT, PT, Speech
- Transport
- Care Management
- Frontline staff
- Patient/Family



# Interdisciplinary Team - Long Term Care

- Team Leader/Champion
- Nursing (for example, RN, LPN, Assistants, etc.)
- Staff development
- MD/PA/NP/Medical Director
- Quality Improvement
- Dietary/Dietician
- Rehab, OT, Pt, Speech
- MDS coordinator
- Care Manager
- Frontline staff
- Resident/Family



# Interdisciplinary Team - Acute Rehab

- Team Leader/Champion
- Nursing (for example, RN, LPN, Assistants, etc.)
- Staff development
- MD/PA/NP
- Medical Director/PM&R
- Pharmacy
- Quality Improvement
- Dietary/Dietician
- Environmental services/materials management
- Rehab, OT, PT, Speech
- Care manager
- Frontline staff
- Resident/Family

# Interdisciplinary Team - Homecare/Hospice

- Team Leader/Champion
- Nursing
- Education
- Performance Improvement
- Rehab
- Nutrition
- Pharmacy
- Patient/Resident/Family



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# Interdisciplinary Team - Primary Care

- RN/LPN
- CMA
- MD/PA/NP
- Office staff
- Practice/Office Manager
- Patients/families
- Pharmacy

# Establish Ground Rules

- Be on time
- Timed agenda
- Start and end on time
- Parking lot for ideas
- No interrupting\no side conversations
- All electronics on vibrate
- No other work



# Maintain “All Teach/All Learn” Environment

- Decide by consensus
- All members are equal
- Mutual respect
- Start discussion by least seniority
- Don't dismiss any ideas
- Constructive feed back
- If you oppose, you must propose



# Team Leaders

Team leaders should be able to effectively:

- Organize the team
- Articulate clear goals
- Make decisions based on input of team members
- Empower team members to speak up and openly challenge, when appropriate
- Promote and facilitate good teamwork
- Resolve conflict
- Lead rather than manage



# TeamSTEPPS Tools

## ➤ Briefs

- ◆ Assign roles
- ◆ Establish expectations
- ◆ Anticipate outcomes
- ◆ Develop contingencies

## ➤ Huddles

- ◆ Reestablish awareness of situation
- ◆ Reinforce plans & adjust if necessary

## ➤ Debriefs

- ◆ Review to improve performance

# Getting Teams on the Same Page

## Situational Awareness/Shared Mental Model

- Help ensure that teams know what to expect
- Foster communication to ensure care is synchronized
- Ensure that everyone on the team has a picture of what it should look like
- Enable team members to predict and anticipate better
- Create commonality of effort and purpose
- Everyone covers each other's back

# Task Assistance

Team members foster a climate in which it is expected that assistance will be actively *sought* and *offered* as a method for reducing the occurrence of error.

# Characteristics of Effective Feedback

Good Feedback is—

- TIMELY
- RESPECTFUL
- SPECIFIC
- DIRECTED toward improvement
  - ◆ Helps prevent the same problem from occurring in the future
- CONSIDERATE

# The Assertive Statement

- Clearly assert concerns and suggestions
- Use an assertive statement (**nonthreatening and ensures that critical information is addressed**)
  - ◆ Make an opening
  - ◆ State the concern
  - ◆ State the problem
  - ◆ Offer a solution
  - ◆ Reach an agreement

# Two-Challenge Rule

Empower any member of the team to “**stop the line**” if he or she senses or discovers an essential safety breach.”

This is an action never to be taken lightly, but it requires immediate cessation of the process and resolution of the safety issue.

# Two-Challenge Rule

Invoked when an initial assertion is ignored...

- It is your *responsibility* to assertively voice your concern at least *two times* to ensure that it has been heard
- The member being challenged must acknowledge
- If the outcome is still not acceptable
  - ◆ Take a stronger course of action
  - ◆ Use supervisor or chain of command

# Effective Team Members

- Are better able to predict the needs of other team members
- Provide quality information and feedback
- Engage in higher level decision-making
- Manage conflict skillfully
- Understand their roles and responsibilities
- Reduce stress on the team as a whole through better performance

# Building Effective Teams

## Individual

Single focus (clinical skills)  
Individual performance  
Under-informed decision-making  
Loose concept of teamwork  
Unbalanced workload  
Having information  
Self-advocacy  
Self-improvement  
Individual efficiency



## Team

Dual focus (clinical & team skills)  
Team performance  
Informed decision-making  
Clear understanding of teamwork  
Managed workload  
Sharing information  
Mutual support  
Team improvement  
Team efficiency



# Effective Team Results

- Reduce clinical errors
- Improve patient outcomes
- Improve process outcomes
- Increase patient satisfaction
- Increase staff satisfaction
- Reduce malpractice claims

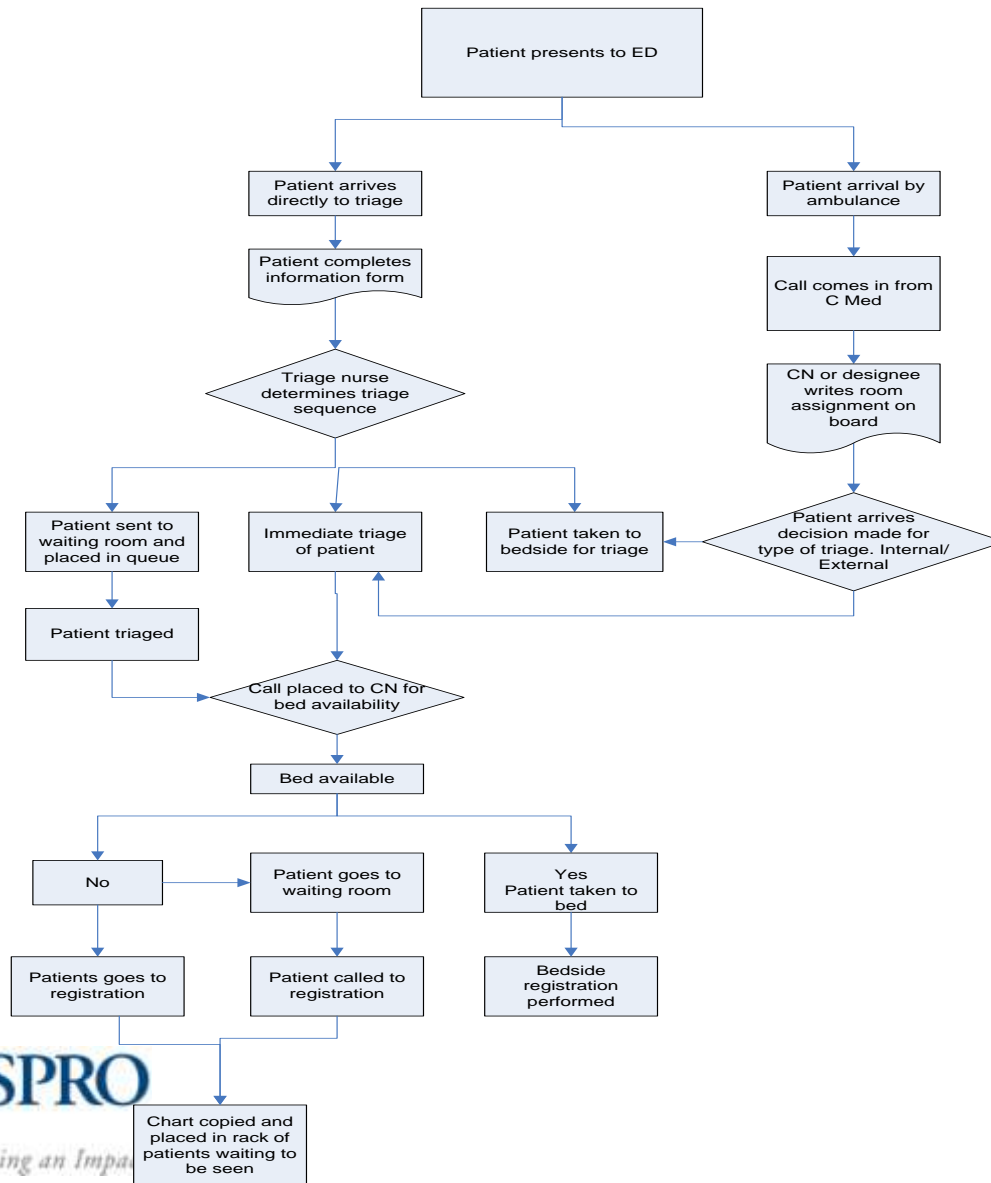


# Assess Current Practice

- Flow chart or map the current care practice
- Identify gaps/ delays/ workarounds
- Ask “why” questions
- Compare current practice to evidence based practice and identify any gaps

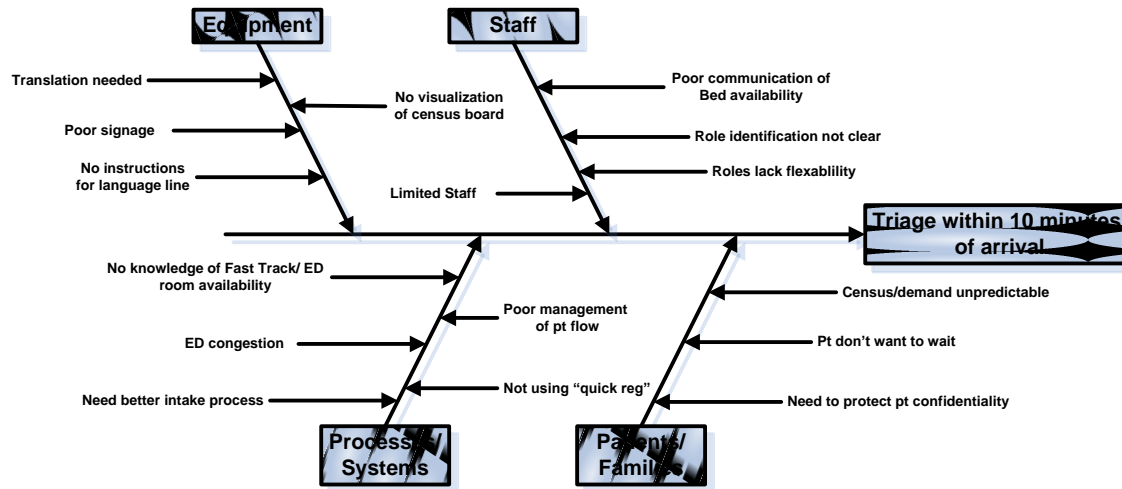


# Flow Chart



# Fish Bone Diagram

## BARRIERS TO ED TRIAGE WITHIN 10 MINUTES OF ARRIVAL



# Three Fundamental Elements of Process Improvement

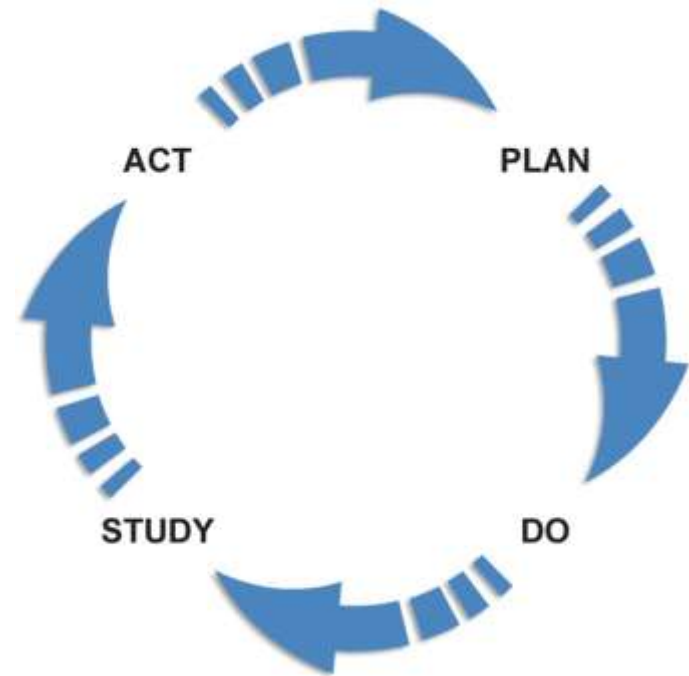
- Aim: Set clear aims
- Measure: Establish measures that will tell if changes are leading to improvement
  - ◆ Process measurement (use of care paths)
  - ◆ Outcome measurement (patient outcomes)
- Change: Identify changes that are likely to lead to improvement.



# The Plan-Do-Study-Act (PDSA) Cycle

**Conduct small-scale tests of change in real work settings:**

- **Plan:** a test
- **Do:** try it
- **Study:** observe the results
- **Act:** on what is learned



# Plan

- Describe objective & specific change
- Identify possible “upstream/downstream” impacts
- Clear roles
- Data collection plan
- Timeline
- Small sample
- Short period of time

# Do

- Carry out plan
- Provide support
- Huddle before starting the pilot
- Check midway
- Encourage debriefs end of day
- Participants keep notes
- One patient/ one staff/ one unit

# Study

- Debrief at end of pilot
- What went well?
- What could be improved?
- Lessons learned

# Act

- Plan next steps
- Re-test
- Enlarge sample
- Adapt

# Implementation

After testing a change on a small scale, learning from each test, and refining the change through several PDSA cycles, the team can implement the change on a broader scale



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# Spread

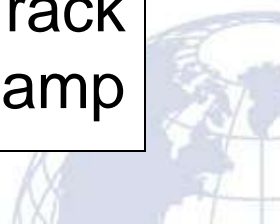
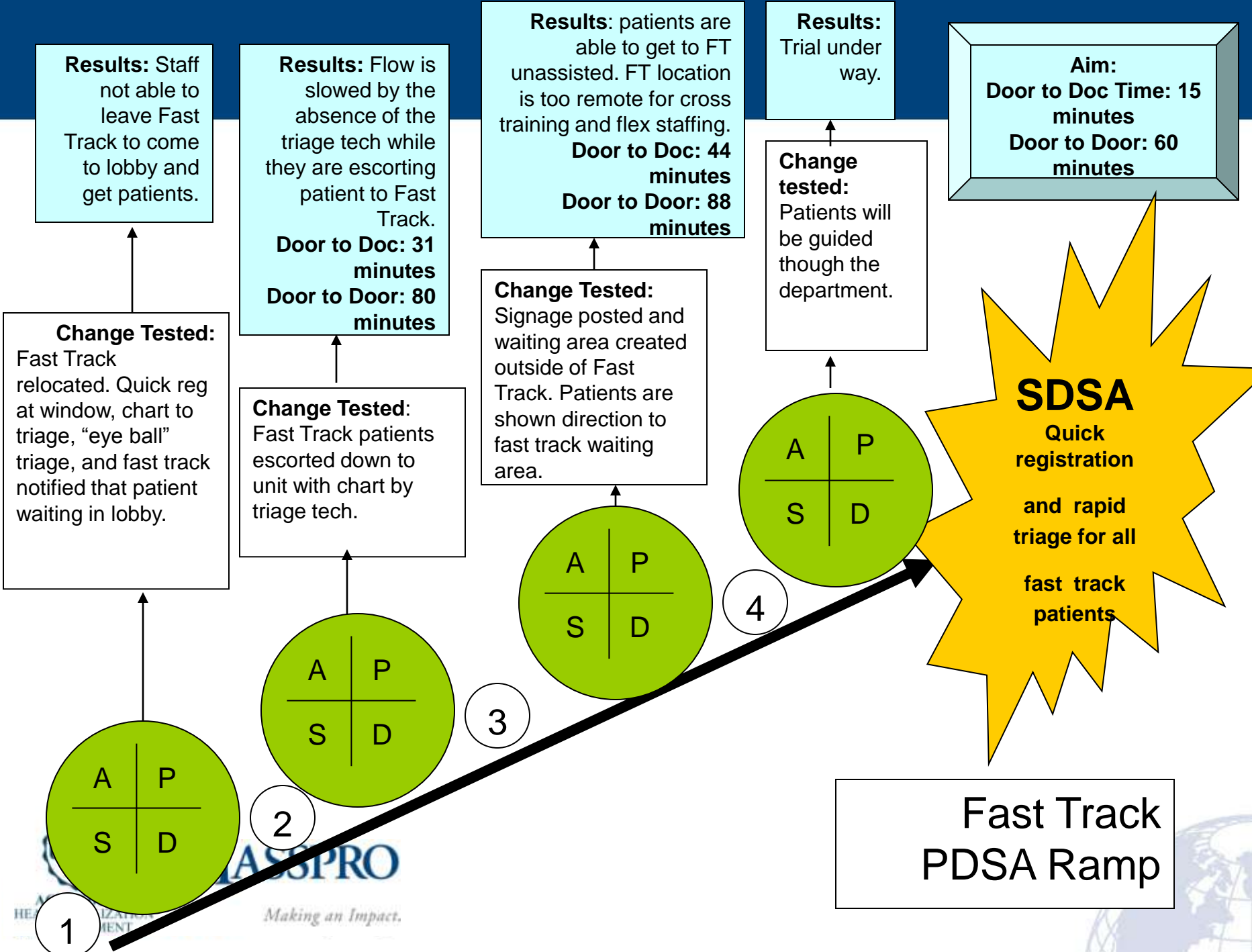
After successful implementation of a change or package of changes for a pilot population or an entire unit, the team can spread the changes to other parts of the organization or to other organizations.



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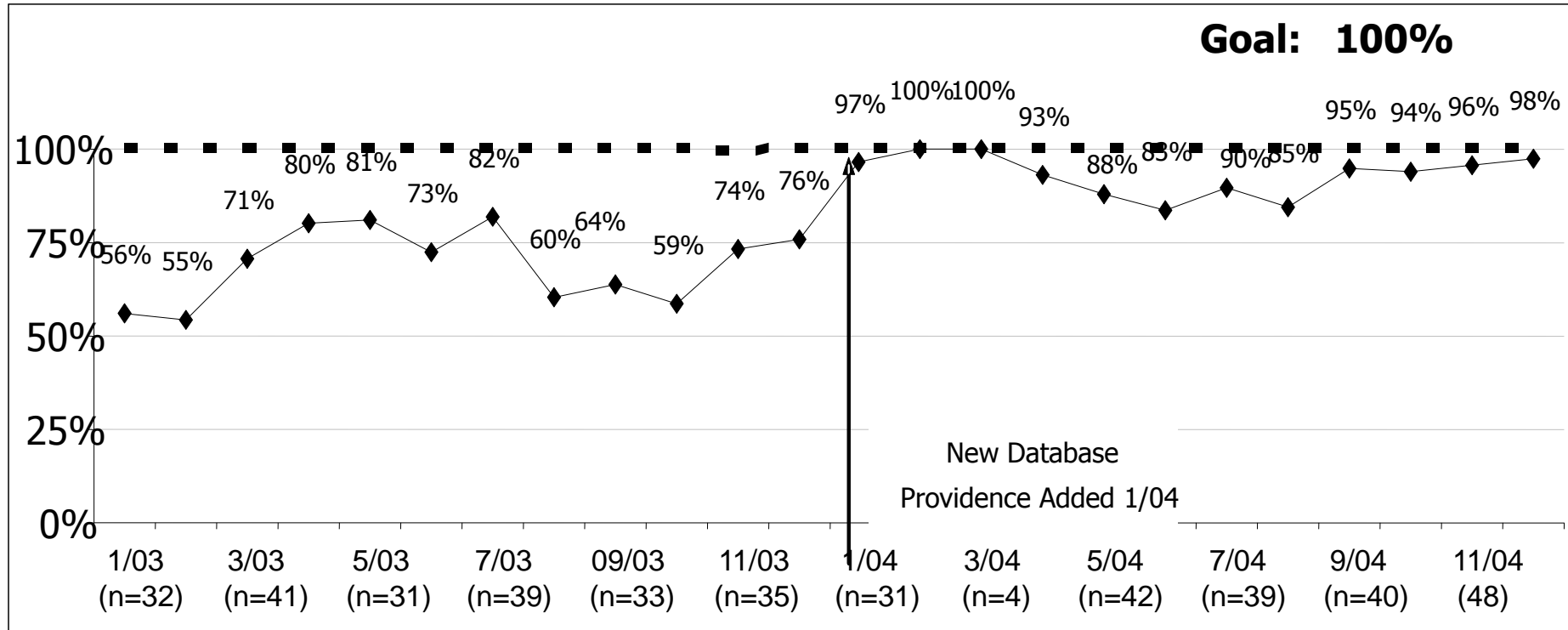




# NIH National Symposium Recommendations

- Door-to-MD:  
< 10 minutes
- Door-to-Neurologic Expertise:  
< 15 minutes
- Door-to-CT scan:  
< 25 minutes
- Door-to-CT Interpretation:  
< 45 minutes
- Door-to-Drug:  
(80% compliance)  
< 60 minutes
- Door-to-Admission:  
< 3 hours

# Stroke Order Set Utilization



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# Facility Level Collaboration



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# Communicate Goal

- Launch an organizational-wide awareness campaign
- Uniform logo, design, color for materials
- “Time Loss is Brain Loss” Campaign for stroke awareness and reporting
- “Brain Team” T-shirts, button, table tents, banners
- Public statement/press release about organization commitment to stroke care
- “Send Rockets to the Moon”



# Empower Staff/Elicit Ideas

- Hold focus groups
- Post new documentation/processes for comment
- Drop-in sessions
- Suggestion boxes..3 question cards
- “What I create, I own and use”



# Education

- Case studies
- Hands on observation of competency
- Competency check list
- Posters/web based/screen savers in units
- Don't forget CNAs, Techs, Transport, ES, dietary
- Laminated pocket guides



# Make Learning Fun

- Educate Everyone
- Use principles of adult learning
  - ◆ Hands on
  - ◆ Job related
  - ◆ Collaborative
  - ◆ Language and literacy appropriate
  - ◆ Build on current knowledge base



# Bring it Down to the Unit Level

- Tell patient stories/read letters
- Pre-shift safety briefings
- Unit based PDSA trials
- Use staff meeting to share current data
- Identify unit stroke champions
- Post current unit rates to motivate staff
- Use run charts/annotate with interventions
- Encourage healthy competition between units



# Celebrate Accomplishments/ Positive Incentives

- Sheet cakes/cookies
- Merchant certificates
- Movie tickets
- Gift shop/cafeteria certificates
- Municipality certificates
- Honorary Certificates
- Candy bars
- Trophies
- Buttons
- Lottery tickets
- Banners/Posters
- Balloons
- Recognition in meetings
- Letter from leadership
- Pizza parties



# Engage the Patient and Family

- Posters
- Teaching tools
- Multidisciplinary bedside rounding
- White boards
- Share goals with patients/residents and families
- Regular communication with families
- Make family part of care plan





# Getting Buy-in Without Authority



# Organization-Wide Buy-in

- Listen first
- Teach, don't preach
- Teach everyone
- Understand individual resistance
- Make the system easy
- Make documents instantly recognizable (color, logo)
- Put documents in uniform, accessible place
- Do tracers/ safety rounds
- “Send rockets to the moon”

# Getting Board and C-Level Buy-in

- Listen first.....Good PR, Improved Safety, Improved Revenue
- Show outcome data to support value
- Become member of Quality, Safety, etc committee
- Get Stroke measure outcomes on board dashboard
- Demonstrate community involvement
- Institute Leadership Walk rounds
- Add decreased patient harm to strategic goals and mission statement

# Getting Physician Buy-in

- Listen first...Only believe in science
- Empathize
- Blind them with science (From their own professional organization)
- Visit or become a member or ad hoc of Med Exec, P&T or subcommittee
- Find an MD champion (CMO, Hospitalist, ED, Radiology, IR, Neurology)
- Involve Pharmacy/ Speech/ Dietary
- Talk about improved care rather than regulations

# Getting ED buy-in

- Listen first.....Too many priorities
- Empathize
- Code STEMI's step sister
- Involve ED, EMT in planning and meetings
- Sometimes involves an outside team
- Educate everyone
- Keep team close to ED
- Gather and post data on ED
- Too many "Golden Hours"

# Getting Nursing Buy-in

- Listen first....worried about their workload
- Empathize
- Stress the impact on work load (smarter, not harder)
- Encourage communication within team
- Encourage hand off communication
- Involve everyone on the unit
- Teach constructive feedback and assertive statement

# Getting Ancillary Staff Buy-in

- Listen first.....want to feel included
- Empathize
- Educate about presenting symptoms
- Involve in planning
- Make a valued member of the team
- Make role clear
- Include in holistic view

# Getting Non-licensed Staff Buy-in

- Listen First.....want to be respected
- Empathize
- Call on them first
- Appreciate their wisdom/global view
- Ask their advice
- Don't forget dietary, transport, ES, unit secretaries
- Make sure they know that they are "Sending Rockets to the Moon"

# Partnering with Other Healthcare Organizations: The Big Team



# Working with Partner Agencies

- Set up regular meetings/conference calls
- Identify ideal care across settings
- Identify strategies to address obstacles
- Trial cross-setting improvements (one resident/patient at a time)
- Include all settings across continuum (primary care, EMT, acute care, LTAC, acute rehab, sub acute, long term care, home care, assisted living....)



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# Look at the Care Path

- Identify shared patient/residents
- Trace path of one transferred patient
- Create flow diagram of path through care
- Identify areas of communication/care delivery breakdown
- Explore improvements that could prevent ideal care
- Look at ways that improve communication across settings to prevent reoccurrence



# Handoff Communication

- Transitions in care are a prime target for patient safety improvements efforts
- It is both a point of vulnerability and a potential time of recovery and error detection (fresh set of eyes)
- Improvement in hand off communication will increase patient safety across the continuum of care

# Community Education

- Involve all partnering agencies in sponsoring community education
- Regular educational sessions
- Sponsor a Stroke Awareness Fair

# Envision Success!

A rock pile ceases to be a rock pile the moment a single man contemplates it, bearing within him the image of a cathedral.

[Antoine de Saint-Exupery](#)

# Questions?

