



Learning to Run to the Roar with Team Support
 October 7, 2015 2:30 – 3:30 p.m. C716
 Beth Beckman, DNSc, RN, FNP, NEA-BC
 Brandy Brite, MSN, RN, PCCN




Hospital Overview

Baylor Regional Medical Center at Grapevine



11,501 ADMISSIONS	2,637 BABIES BORN	4.44 DAYS, AVERAGE LENGTH OF STAY
862 PHYSICIANS, TOTAL MEDICAL STAFF	39,553 EMERGENCY DEPARTMENT VISITS	57.80% OCCUPANCY RATE
30,057 OUTPATIENT VISITS (including home care and emergency department visits)	1,018 (EXCLUDING CONTRACT EMPLOYEES/ PARTNERS)	313 LICENSED BEDS

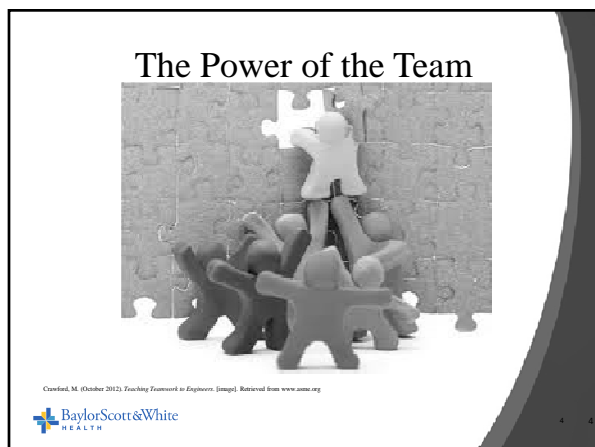
JOINED BAYLOR HEALTH CARE SYSTEM IN 1981

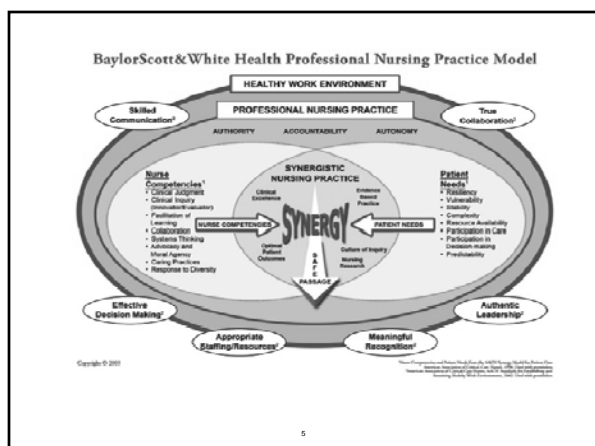


Key Service Lines

- Oncology
- Women's Services
- Heart & Vascular Services
- Neurosciences
- Spine Care
- Imaging
- Emergency Care
- Orthopedics
- Weight Loss Surgery
- Gastroenterology
- Surgical Services
- Pain Management





Drivers for Adopting Team Support

- Internal
 - Bedside Leader Fatigue
 - New patient tower construction
 - Core staffing due low census
 - Unable to manage surge/acuity
 - Charge nurses taking assignments for 1st time and flexing bedside leaders off
 - Moving from a unit focus to organization team culture
 - Increased focus on patient satisfaction
 - Managing immediate patient admission needs/acuity change
 - Patient safety – EBP patient safer on the unit than in the ED
- External
 - 2 ½ years of highway construction fluctuating census 90-180 patients
 - Financial due to low census and focus on Medicare breakeven
 - Change in payor mix and reduced revenue stream
 - Healthcare and organizational focus on innovative solutions to everyday problems



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Awareness That Change Was Needed

- Bedside leader feedback was compelling and consistent including –
 - NDNQI RN satisfaction, Q12, nursing forums, town halls, Beth's Bistros and leader rounding
 - Safety net for the unexpected but predictable chaos – effective & immediate short term resolution to the stress
- Stealing shamelessly from Baylor Irving and iterating
- Brandy Brite, MSN, RN, PCCN – came to us from Baylor Irving and immediately saw the Team Support cultural fit
 - Magnet appraiser noted our hospital “brand” – Teamwork & Family



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Positive Programmatic Considerations

- Program has no cost but invaluable relief
 - Small and infrequent investment of time
 - Quickly implemented – no need for capital investment
- Creates a nimble/agile culture
- Breaks down silos within the organization
- We listened to the bedside leader voice




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Brandy Brite, MSN, RN, PCCN
Manager of Progressive Care Unit & Central Monitoring

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What is Team Support?

- Purpose – provide impromptu instantaneous support during periods of increased workload or departmental stress
- Team support will:
 - Enable us to mobilize and use all available resources – enhances patient/staff safety
 - Decompress environmental stress
 - Engage and inform the organizational leaders at all levels of “hot spots” in the house
 - Improves morale – “you aren’t alone”
 - Builds relationships and an environment of appreciation
 - Promotes a culture of “pay it forward”
 - Enhances a sense of pride
 - Positive experience for those responding – feel appreciated and recognized

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You Are Never Alone



Lawless, Z. (February 2015). Be There For Friends. [image]. Retrieved from <http://disabilityand.me/2015/02/01/friends/>


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Power of a Team



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Let Me Paint the Picture



"Yesterday you said your shift was boring. Well, today will be a little different."

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Team Support Expectations

- No barriers to 24/7 activation
- Response process is 15-20 minutes on average
- All Hands on Deck from all roles and disciplines
- Unit lead delegates needed tasks effectively and appropriately
 - Alignment of competency to task
- What matters happens and team support is a priority
 - Joint Commission Stroke Survey

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How Do We Begin?

- Senior Leadership support, presence, and participation essential
- Organizational Owner
 - Program Leader/Cheerleader
 - Data collector
- Socialize concept to team
- Education - Unit Managers
 - Checklist
 - Task/Role Specific Cards
 - Evaluation Tool



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Checklist

Baylor Regional Medical Center at Grapevine Team Support Checklist
(complete prior to activating chain of resolution)

- Reason for calling Team Support
- Identify delays
 - Admissions
 - Direct Admissions _____
 - ED Admissions _____
 - Transfers in _____
 - Transfers out _____
 - Processes
 - Lab delays _____
 - X-ray delays _____
 - Transport to x-ray delays _____
 - Pharmacy delays _____
 - Supply delays _____
 - Discharges
 - Number of discharges waiting for instructions _____
 - Number of patients waiting for wheelchair _____
 - Waiting for transport _____
 - Manager not available _____
- Chain of resolution activated (record time of notification)
 - Unit Manager notified _____ (if unit manager not available, escalate to house supervisor)
 - House Supervisor _____



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Role Cards

R.N.	PCA/NURSE TECH
REPORT to Team Leader in C.U. Monitor TEAM RESPONSIBILITY SHARE DIRECTLY FROM TEAM LEADER	REPORT to Team Leader in C.U. Monitor TEAM RESPONSIBILITY SHARE DIRECTLY FROM TEAM LEADER
Here to HELP! – I CAN:	Here to HELP! – I CAN:
ANSWER Call light(s)/N. Pump Alarms	TRANSPORT PT's as directed
REPORT PAIN NEEDS to Primary Nurse	ANSWER CALL LIGHTS
MONITOR on PATIENTS with MEDS on in P.A.	STRIP V.S. (vital signs) - WRITE DOWN - REPAIRS Pump(s) for med P.A. (Pain and/or med)
REASSURE PATIENTS as assigned	MONITOR on PATIENTS with MEDS on in P.A.
STRIP V.S. (vital signs) - WRITE DOWN - REPAIRS Pump(s) for med P.A. (Pain and/or med)	COPY CHARTS (vital signs with T.L.)
Take V.S. - Chart V.S.	REPORT PAIN NEEDS to Primary Nurse
REPORT ABNORMAL V.S.	Assist with Discharge phone calls
Provide Status Updates to PCA/Team	Take V.S. - Report Abnormal V.S.
TRANSPORT PT's as directed	PRIVACY - CONSIDERATION
START Assigned V.S.	<ul style="list-style-type: none"> We consider the PT's family an important asset Ask before asking any Patient info Ask before asking any Patient info DO NOT ASK PT's about their RELIGIOUS BELIEFS Relieve Anxiety or Change the Patient Unit
<ul style="list-style-type: none"> We consider the PT's family an important asset Ask before asking any Patient info Ask before asking any Patient info DO NOT ASK PT's about their RELIGIOUS BELIEFS Relieve Anxiety or Change the Patient Unit 	



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Role Cards

Administrator

REPORT to Team Leader in G.U.
Receive TEAM ASSIGNMENT
TAKE DIRECTOR FROM TEAM LEADER

Here to HELPI – I CAN:

ANSWER Call Light
RECEIVE FAX NEEDS to Team Leader

NOTIFY on PATIENTS with PIVs on a P & P

ANSWER Telephone and take messages
Assist with Discharge Phone Calls

STRUT G.U. Dischargees WIFE DOWN REPAIRS
Program for and PIV (Officer and Family)

NOTIFY in the Morning Room and other locations

Provide Status Updates to PIVs/Family

TRANSPORT PIVs on assigned

TRANSPORT specimens as assigned

* "Special considerations" are:

- * We consider the PIV's Family an important asset
- * Ask before getting on Patient's bed
- * Do not allow PIVs or WATER inside the PIV
- * Do not allow PIVs or WATER inside the PIV

Minimum Budget to Charge Nurse for Patient Visit

HEALTH INFORMATION MANAGEMENT & Non-Clinical

REPORT to Team Leader in G.U.
Receive TEAM ASSIGNMENT
TAKE DIRECTOR FROM TEAM LEADER

Here to HELPI – I CAN:

ANSWER Call Lights

STRUT G.U. Dischargees WIFE DOWN REPAIRS
Program for and PIV (Officer and Family)

NOTIFY on PATIENTS with PIVs on a P & P

COPIE CHARTS

ASSEMBLE charts as directed

NOTIFY in hospital to find whereabouts


OF PATIENTS

CHARTS needed equipment

* "SPECIAL CONSIDERATIONS" are:

- * We consider the PIV's Family an important asset
- * Ask before getting on Patient's bed
- * Do not allow PIVs or WATER inside the PIV
- * Do not allow PIVs or WATER inside the PIV

Minimum Budget to Charge Nurse for Patient Visit


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Evaluation Tool

BRMCG Texas Support Evaluations					
User Team Utilized		Team Utilized			
User		Team Support			
Participating Parties (check all that apply)					
<input type="checkbox"/> Dallas	<input type="checkbox"/> Houston	<input type="checkbox"/> LA Delta	<input type="checkbox"/> other		
<input type="checkbox"/> Austin	<input type="checkbox"/> Louisville	<input type="checkbox"/> Phoenix/Indian	<input type="checkbox"/> other		
<input type="checkbox"/> Chicago	<input type="checkbox"/> Memphis	<input type="checkbox"/> St. Louis	<input type="checkbox"/> other		
Short summary of event:					
Evaluation of Team Support					
<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Neutral	
Comments:					
Evaluations					
If at any time you feel uncomfortable, always let us know					
Name	First	Department	Team ID	Team Util.	
User Team Location				Date	
(Please Print Name)					


Thank you for caring enough about your peers and patients to call this team support. Your form has User Manager when completed.


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Operationalizing the Response

- Communication is key
- Consider engaging:
 - Manager review
 - House Supervisor
 - Director
- Ask for guidance but don't permit stopping the process




Voladine. (September 2013). Voladine Contact Number. [image]. Retrieved from <http://www.voladinecontactnumber.com/voladine-contact-number-by-sphone-to-sc-well>

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Potential Bedside Leaders Perceptions

- “No one will show up”
- “No one comes when I need help, so why should I go?”
- “It is easier to do it myself”
- “Who will I get to cover for me?”
- “That unit calls team support all the time . . . Is it real this time?”

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Potential Leader Perceptions

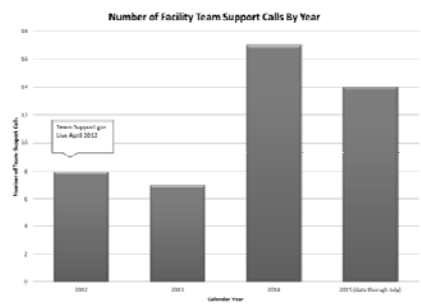
- “Are you kidding? I’m in my best suit!”
- “They can’t call team support without my permission”
- “This will never work”
- “I’m too busy for this right now”
- “I’m not clinical”
- “I am not comfortable with that practice area”

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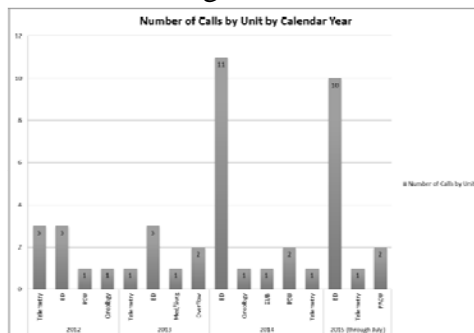
Perceptions of Potentially Everyone

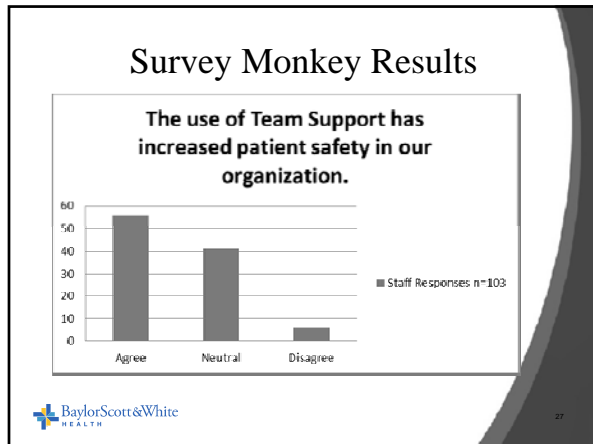
- “I don’t have that kind of time on my shift”
- “Help? Do they think I am not doing my job?”
- “Someone else will go”
- “I don’t know where anything is on that unit!”
- “They called team support for this, they should see my unit”
- “It’s after hours, no one is here to help, why bother?”
- “I’m new, how can I help?”

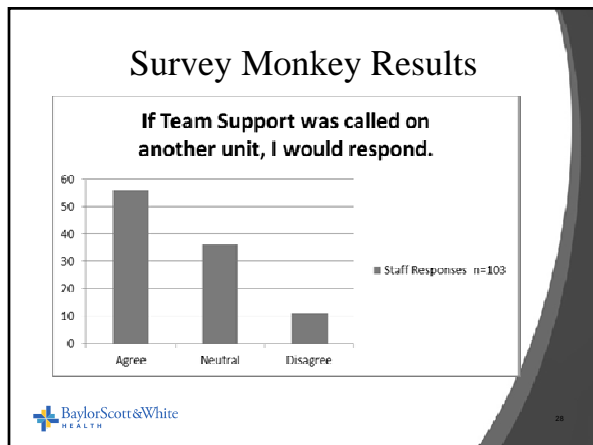
Outcomes



Program Outcomes







- ### Lessons Learned
- Senior Leadership support is essential for successful implementation and sustainability
 - Team Leader must be accountable to turn in required forms for data tracking purposes
 - Staff must be confident someone will come to their aid when needed
 - Team support is for any unit/department
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