Learning to Run to the Roar with Team Support
October 7, 2015 2:30 – 3:30 p.m. C716
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Hospital Overview

Key Service Lines

- Oncology
- Orthopedics
- Weight Loss Surgery
- Gastroenterology
- Surgical Services
- Pain Management
- Imaging
- Emergency Care
Recognized by the Industry

The Power of the Team

BaylorScott&White Health Professional Nursing Practice Model
Drivers for Adopting Team Support

• Internal
  – Bedside Leader Fatigue
  – New patient tower construction
  – Core staffing due low census
  – 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/acute change
  – Patient safety – EBP patient safer on the unit than in the ED

• External
  – 2½ 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

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

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
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

You Are Never Alone

Power of a Team

Let Me Paint the Picture

“Teacher, you need your staff more teaching. Well, today will be a little different.”

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
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

Checklist

Baylor Regional Medical Center at Grapevine Team Support Checklist

1. Reason for calling Team Support

2. Identify delays
   a. Admissions
      i. Direct Admissions
      ii. ED Admissions
   b. Transfers
      i. In 
      ii. Out

3. Discharges
   a. Number of discharges waiting for instructions
   b. Number of patients waiting for wheelchair
   c. Waiting for transport
   d. Manager not available

3. Chain of resolution activated
   a. Unit Manager notified
   b. House Supervisor

Role Cards

R.N.
PCA/NURSE TECH

How to HELP - LGAM

How to HELP - LGAM
Operationalizing the Response

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

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?”

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”
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
Survey Monkey Results

The use of Team Support has increased patient safety in our organization.

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
Questions

Q&A
You have Questions We have Answers