Aurora Health Care, Milwaukee, WI
Team Competency: A Key Element for Excellence in the Patient Experience

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Background: Quality metrics and patient experience data (CGCAHPS) in our resident clinics lag behind those of ambulatory clinics elsewhere in the Aurora Health Care (AHC) system. Team functioning is a critical factor in patient experience scores, but we have no initiatives to date that explicitly address the competencies required to be a member of an effective team. By implementing TeamSTEPPS (healthcare teamwork training), we will see improved patient experience metrics and caregiver satisfaction.

Methods: All providers, including faculty, residents, and staff, at 2 Family Medicine residency sites completed a 4-hour, 3-module TeamSTEPPS training. The modules included background, team structure, and mutual support and were adapted to ambulatory care settings. A 2-month follow-up obtained data on caregiver commitment to change and team assessments. AHC also compared patient experience metrics at baseline and posttraining.

Results: With a response rate of 69% (55 of 80), participants showed no change or slight increase in teamwork assessments in 13 of 15 categories on a scale of 1 (strongly disagree) to 5 (strongly agree). Respondents had a slight decrease in perceived support from their boss/supervisor (4.0 post/4.1 pre) and in confidence in team harmony (3.3 post/3.4 pre). Participants reported an increase in all commitment-to-change categories. Merged patient experience metrics revealed an increase in all service impact domains postintervention. All sites have committed to and are engaged in performing better as a team. We identified tensions between balancing immediate clinical care needs with cultural change training and also the difficulty of creating a process for both local and systemwide implementation.

Conclusions: Team competency may be the critical process element enabling AHC to achieve clinical and system strategic targets. TeamSTEPPS is an excellent and comprehensive yet flexible tool to teach team competency. Leadership support from conception through test phase is critical for initiating and disseminating team training.

FINAL WORK PLAN – Aurora Health Care

Overall Goal for NI III/Elevator Speech	Our team's goal was to improve the quality metrics and patient experience at our resident clinics.
Needs Statement	Our #1 care management priority is to assure that patients receive a better care experience at AHC than they can get anywhere else—as measured by clinical quality, patient satisfaction, and caregiver engagement. Resident clinical training sites must meet these care management standards for patients and serve as practice models for the future physician workforce. Currently, our resident clinics' metrics lag behind those of other system clinics and do not meet system expectations. TeamSTEPPS was identified as a strategy to address this need.
Vision Statement	Our resident clinics will serve as the model for outstanding patient care through upward trending care management scores beginning March 2013 and full engagement and adoption of TeamSTEPPS.
Measures	We are evaluating the success of meeting our goal by measuring our baseline/pre- and postintervention: (1) resident clinic caregivers' commitment to change delta, (2) resident clinic caregivers' team-related behaviors (using selected items from TeamSTEPPS form), (3) resident clinic leadership and caregivers' engagement in ongoing team/communication training, and (4) AHC quality and patient experience metrics.
Success Factors	Engagement and ownership of the team by the clinic caregivers from physicians and chief resident to front office staff. Active support and coaching from key AHC offices (Education/ Academic Affairs, Human Resources/Leadership Development). Alignment of AHC system priorities and metrics with TeamSTEPPS and ACGME NAS/CLER.

Barriers	The largest barrier we encountered was the tension between "today's work" and culture change process. We worked to overcome this by imbedding training and reinforcement into regularly scheduled activities. We plan continuation at existing sites, selection of next sites, and secession planning (resident champions/other staff transition to new roles).
Lessons Learned What is the single most important piece of advice for another team embarking on a similar initiative?	Involve key stakeholders from day one (C-suite, management, faculty, residents, and office staff). Be patient yet persistent with timelines.

Bassett Medical Center, Cooperstown, NY
Creating a Core Faculty in Quality and Safety

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Background: We aimed to create an educated and enthusiastic core faculty of senior and resident physicians and administrators who would take ownership of the curriculum in quality and safety for all residents. Most physician faculty across all disciplines have not been engaged in and have had little or no formal training concerning the process of quality and safety. With new ACGME requirements, residents need to be actively involved in quality and safety activities. We planned to establish a curriculum in quality and safety for all postgraduate trainees that is highly valued by the residents and is sustained by a dedicated faculty skilled in the science of quality and safety.

Method: We identified core faculty by surveying residents and faculty for interest in developing a quality and safety program. The core faculty held monthly meetings to discuss quality and safety issues with residents and create a learning curriculum. Residents attended a house staff quality council meeting. The core group held monthly teleconferences with NI III colleagues, establishing relationships and common ground.

Results: We have developed a lecture series and are in the process of executing it. Cultural obstacles have become apparent to both core faculty and residents. Participants' collaboration fostered courage, creativity, and resident empowerment, and the teleconferences resulted in a collaborative research project with an outside partner. We recognized the tension concerning securing time to teach and develop as a faculty, and the implementation of an electronic health record program was an additional time concern. The project is still ongoing and long-term effects are not yet discernible.

Conclusions: The outcome of the program remains to be seen, but we have found the process invaluable. Our experience also demonstrated the need to collaborate among residency programs for common curricular goals and the importance of administrative support.

FINAL WORK PLAN – Bassett Medical Center

Overall Goal for NI III/Elevator Speech	Our team's goal was to develop a core faculty in quality and safety that would support a curriculum in quality and safety across all of our residency programs.
Needs Statement	This goal was important because the needs of our patients and the requirements of the ACGME mandate training in quality and safety for all physicians in training. We have a deficit in faculty trained in the science of quality and safety. Residents respond better to curricular goals when they see the goals as important to their faculty role models.
Vision Statement	In March 2013, we hoped to see the outcomes of our success by having a faculty trained in the science of quality and safety that is actively involved in the delivery of curriculum for all residents.
Measures	Our intervention is incomplete. The didactic curriculum for the faculty is outlined and we are partway through delivery. Our plan is to measure attitudes and knowledge regarding the science of quality and safety among the core faculty pre- and postintervention and to survey program directors and residents regarding involvement of the core faculty in delivery of the curriculum.