BUILDING A SAFE AND COLLABORATIVE WORKING ENVIRONMENT ON L&D

MISSION/VISION STATEMENT

**MISSION:** To improve care for our patients and the well-being of our clinical team members through implementation of system aligned QI projects within and across our GME programs/clinics/service units.

**VISION:** To demonstrate GME’s leadership role in driving a culture of continuous learning - essential in a high reliability organization.

AIM/PURPOSE/OBJECTIVES

- **AURORA AIM:** Apply tested interventions to facilitate a safer environment for patients and caregivers
- **OB/GYN AIM:** Create a collaborative, interdisciplinary learning environment where team members feel confident to speak up without fear of being put-down or retribution

**AMOUNT OF HEALTHCARE PROVIDERS:**

- **WIDE RANGE OF HEALTHCARE PROVIDERS:** Unique individuals from multiple roles in healthcare, each with their own philosophy
  - **STRATEGY:** Establishing and re-emphasizing common goals among team members on the L&D
  - **STRATEGY:** Inclusion of more L&D team members in more active roles in project design/deployment

**BUSY UNIT:** Organizing time where all of the healthcare staff have an opportunity to attend
  - **STRATEGY:** Resident sign-out follows nursing sign-out, setting up short scenarios during this slot allows maximum participation with minimal interruption to work flow and minimal time

**CRITICAL NEXT STEPS**

- Maintain momentum with team member participation
- Collect and monitor data to determine if interventions are creating a psychologically and physically safer work environment
- Expand interventions to other units and modes of communication

**STORYBOARD**

**METHODS:**

**INTERVENTIONS/CHANGES**

Application of common communication tool, S-BAR, from TeamSTEPPS & 3-phase approach:

- **PHASE 1: SETTING THE STAGE**
  - A. Shared Purpose Exercise
  - B. Six 1/week SBAR examples using common L&D scenarios to demonstrate poor and proper communication
  - C. Two 1/week sign-outs between physicians and nurses on the research team demonstrating “huddles” using current patients

- **PHASE 2: ACTIVE INTEGRATION**
  - A. Continue L&D sign-out huddles with expanded participants to build skill sets & commitment among all L&D team members

- **PHASE 3: EXPANSION**
  - A. Care team huddles for individual patients
  - B. Establish group goals in patient care management
  - C. Integrate skills into various modes of communication (phone calls)
  - D. Complete Phase 1 & 2 in other units on OB ward (postpartum, night)

**BASEMENTS – STRATEGIES**

- **BUSY UNIT:** Organizing time where all of the healthcare staff have an opportunity to attend
  - **STRATEGY:** Resident sign-out follows nursing sign-out, setting up short scenarios during this slot allows maximum participation with minimal interruption to work flow and minimal time

**AREAS SEEKING GUIDANCE/INPUT**

- **STRATEGY:** Collaboration between team members (eg, nurse manager, nurses, physicians) to ensure back-ups attend team mtgs

**DISCUSSION**

**PROCESS & OUTCOME DATA**

- **Pre-Post:** What brings meaning/purpose to your work on L&D?
- **Field Notes:** Direct observation of Phase 1-2 & participant feedback
- **Resident Milestones:** Team and communication
- **Mayo Well-Being Index**
- **ACGME Resident/Faculty Survey**
- **Clinical Learning Environment Quick Survey (CLEQS)**
- **L&D system engagement scores**

**GROUP FEEDBACK**