

# **Better Experiences through Superior Teamwork: “BEST” Strategies to improve Service and Safety at Phoenix Children’s Hospital**

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Carol Dobos, PhD, RN, CNA, BC [cdobos@phoenixchildrens.com](mailto:cdobos@phoenixchildrens.com) 602 546-0724  
Caroline Lathrop, RN, MSN, CPHQ [clathrop@phoenixchildrens.com](mailto:clathrop@phoenixchildrens.com) 602 546-0706

## **Session Objectives**

- Describe 3 components of the BEST program
- Identify 4 outcomes of the BEST program
- Demonstrate coaching techniques which are part of the BEST program
- Identify two strategies you can use at your workplace

## **“How” and “Why” we got started**

- Leadership identified areas where improvement was needed organization wide.
- Collaborative project was initiated with multiple Directors to create a program to facilitate organizational transformation. Two major areas were identified:
  - Service (patients, families and employees)
  - Patient Safety
- Model developed to improve:
  - Communication (related to service including clinical and non-clinical staff)
  - Delivery of care using latest evidence based data for patient safety
  - Utilization of tools to improve communication and care to patients and families
  - Outcomes such as satisfaction of patients, families and staff; improved clinical outcomes and “DELIVERY OF WORLD CLASS CARE”
- Model consists of 3 components:
  - Safety
  - Service
  - Outcomes

## **Ingredients for Success**

- Getting Buy-In at all levels in the organization
- Multi-faceted interactive approach (coaching sessions, newsletters, written pledge statement,
- Using a theme to tie the elements together
- Defining Coach duties, accountabilities responsibilities, expectations
- Culture of Safety and Service-penetration throughout facility
- Make topics pertinent and real to the audience
- Plan curriculum a year in advance if possible and align with strategic plan
- Use Scenarios and real life experiences (include non-clinical examples)
- Use video, tapes, skits, role play, small group exercises, audio, and humor to get points across

## **Service and Safety Curriculum**

- Crucial Conversation elements - how to keep mutual respect and purpose in the forefront.
- Building and delivering a message using SBI feedback technique.
- Exercises and tools that can be used to build this skill
  - Clarification
  - 2-Challenge Rule
  - CUS
- Courtesy and caring with all interactions.
  - Public Areas
  - Phone
  - Visitors as well as parents and families
  - Entering and exiting a patient room
  - Addressing Concerns
- Patient Safety Topics
  - SBAR communication
  - Communication around patient safety
  - Critical communication
  - Verbal Orders
  - Universal Protocol – Time out
  - Patient Identification
  - Handwashing
  - Code Pink (infant/child abduction prevention)
  - Critical Values
  - Read Back
  - Do not use abbreviations
  - Mediation reconciliation

### **Impact, Improvements and Outcomes of the BEST program**

- Improved organizational awareness of Safety and Service
- Improved safety scores
- Improved satisfaction scores
- Enhanced integration with clinical and non clinical staff
- Building physician education to parallel topics presented to staff

### **Top 10 Lessons Learned**

1. Get buy in from the top, middle, and grass roots
2. Meeting every week gets old real fast
3. Assign people to do what they do best
4. Respond to feedback even (and especially) if you don't like it
5. Take it to the people – get “real” input from users
6. Plan activity and updates to recommit leadership.
7. Ask coaches how it is going and what they like (every time).
8. Don't do their work for them but give them the tools (show them where the tools are)
9. Respect people's time, cut out anything not critical, show them--don't just tell them. Make it simple, focused, interactive, have fun
10. Incorporate their feedback every time.

### **What 2 Strategies can you use in your workplace**

- 1.
- 2.

### **Resources:**

Frankel, A. (2006). Strategies for Building a Hospital-wide Culture of Safety. Joint Commission Resources. Oakbrook Terrace, IL

Kaplan, R., Norton, D. (2004). Strategy Maps. Harvard Business School Publishing Corporation, Boston, MA.

Keller, J. (1999). The ARCS of Motivational Design. Adapted by Steven J McGriff, Motivated to Learn: Instructional Design Series.

Joint Commission Resources (2008): Implementing the National Patient Safety Goals. First Edition Resource Manual. Oakbrook Terrace, IL.

Tague, N. (2005). The Quality Toolbox. American Society for Quality, Quality Press, Milwaukee, WI.

AHRQ and Department of Defense (2005) Team STEPPS Course

### **Examples/Tools to follow**

- A. Living our values, A pledge to my fellow team members
- B. Ballot example for exercise
- C. Living our values, exercises
- D. Best coaches alerts #1
- E. Accountability log
- F. Recognition program, Nominate your MVP (most valuable players)
- G. Handout for exercise, the 2 challenge rule
- H. How to use the Two-challenge rule
- I. Why do Errors Occur?
- J. Best coaching for safety scenario
- K. Coaching for Safety Scenarios
- L. Individual action plan
- M. Participant evaluation form
- N. Feedback session
- O. Quick Tip example



## **A. Living Our Values** **A Pledge to My Fellow Team Members**

### **Pledge Statement #1**

I commit to provide exceptional service by considering in advance the impact of my attitude and actions on the customer experience, whether that customer is internal or external.

### **Pledge Statement #2**

I believe in the power of family-centered care, and commit to actively communicate with and involve the patient's family in decisions regarding their care.

### **Pledge Statement #3**

I will do my part to establish and maintain a relationship of trust with all members of our staff. My relationship with each of you will be equally respectful, regardless of job titles or levels of education.

### **Pledge Statement #4**

I choose a positive attitude and commit to finding solutions to problems, rather than complaining about them or blaming someone for them. We do not always need to agree but we can always be agreeable.

### **Pledge Statement #5**

I accept responsibility for establishing and maintaining healthy interpersonal relationships with you and other members of the staff. I will talk to you promptly if I am having a challenge with you. Only after I have made a good faith effort to resolve the situation directly will I seek the assistance of my manager or human resources.

### **Pledge Statement #6**

I accept you as you are today, forgiving past problems and ask you to do the same with me. I will not bring up past issues or allow them to affect my relationship with you today.

### **Pledge Statement #7**

I will remember that no one is perfect, and that human errors are opportunities not for shame or guilt but for forgiveness and growth. I will be open and appreciative of your feedback, coaching, constructive criticism, and offers of assistance.

### **Pledge Statement #8**

I will recognize and reinforce the positive actions I see in my fellow team members.

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What is one behavior from the pledge statements that you want to improve personally?

What is one behavior from the pledge statements that you want to focus on for your department?

## **B. Ballot**

### **Pledge Statement #8**

I will recognize and reinforce the positive actions I see in my fellow team members.

I would grade my success in meeting the pledge statement as a:

- A (4)
- B (3)
- C (2)
- D (1)
- F (0)

I would grade the success of my department in meeting the pledge statement as a:

- A (4)
- B (3)
- C (2)
- D (1)
- F (0)

I would grade the success of the organization in meeting the pledge statement as a:

- A (4)
- B (3)
- C (2)
- D (1)
- F (0)

## **C. Living Our Values**

### **A Pledge to My Fellow Team Members**

Learning Objectives:

You will:

1. Rate the personal, department, and hospital performance of individual pledge statements
2. Identify strategies that will improve the overall performance of departments and hospital
3. Identify:
  - One target behavior from the pledge statements that you want to improve personally
  - One target behavior from the pledge statements that you want to focus on for your department



### **Exercise #1**

1. Identify a facilitator/spokesperson
2. Identify a recorder
3. Identify a ballot tally person
4. Vote- use ballot
5. Count up results
6. Record the average grade given by the group on flip charts
7. Develop group name that reflects the assigned pledge statement
8. Record examples of behaviors that you see in your department that relate to the assigned pledge statement
9. Report out:
  - Group name
  - Read pledge statement
  - Ballot results
  - Behavior list

### **Exercise #2**

1. Brainstorm how to improve the grade - what improvement strategies would work for your department? Be specific, be creative, and think outside the box!
2. Record your results on flip chart
3. Report Out
  - Group name
  - Read pledge statement
  - Review strategies to improve the grade

### **Exercise #3**

Raise the grade personally and for your department! Use candy sheet.

## **D. BEST COACHES ALERTS**

**E. BEST COACHES ALERT** Please review the following and share with your staff in the manner that best meets their information needs no later than July 31st.

### **Here's the situation ...**

- Recently, leadership of Phoenix Children's rolled out a new program: **BEST – Better Experiences through Superior Teamwork.**
- All Directors, Managers, and Supervisors should have attended Coaches' Training by now. Peer coach training is nearly complete.
- Safety and Service Coaches are responsible for leading, training, coaching, and setting a high standard for patient safety and customer service within their areas.
- It's time for our BEST Coaches to ensure that the program maintains momentum so we can achieve our goals.

### **Some background ...**

- The purpose of this effort is to improve patient outcomes by focusing on patient safety and customer satisfaction. We measure our progress on these twin pillars using National Patient Safety Goals and NRC Picker.
- Every employee throughout the Hospital is crucial to our success. And every employee participates in the rewards when we achieve our goals.

### **Assessment ...**

- Head Coaches are responsible for examining the systems and processes within their department for consistency with Hospital policies and BEST standards.
- We will assess your progress using the attached Accountability Status Report. Please note on this form the department(s) for which you are a Coach, training provided, percent of staff reached, and any variances in behavior you've noted. Turn these in by August 31<sup>st</sup> to Cathy Franklin, Outpatient Administration (via interoffice mail).

### **Recommendations for next steps ...**

- All Coaches should have reviewed their Playbook (binder) by now. Become familiar with the standards and use the content to guide staff training topics.
- All staff should have received their Play-by-Play newsletter, which was mailed to their homes. This provides you with the perfect opportunity to review this quarter's areas of emphasis:
  - **Safety: patient identification, hand washing, Code Pink**
  - **Service: courtesy**
- Present the "Pledge to My Team Members" to your staff. How we treat each other is the foundation for how we treat families. Discuss how your department can put this pledge into action. Each employee should sign

one copy and submit it to their Head Coach (Director) and keep a copy for reference.

- Here are some ideas for presenting safety and service topics:
  - See if there are any current Picker comments that relate to your area. Celebrate the positive comments and use the negative ones as a springboard for discussion on how to do it right.
  - Discuss how your department should respond to a Code Pink – what is each person’s role? Do they know what to do?
  - Brainstorm companies that offer superior customer service. What do they do that we can implement here?
  - Create a safety quiz and give on-the-spot rewards when your staff know the answers off the top of their heads (i.e. How long should you wash your hands? 15 seconds. What two sources are used to identify a patient? Name and medical record number.)
  - Partner or team up staff members to hold one another accountable to the safety standards, peer to peer
- If you have ideas that work in your department, please share them – we want to spread greatness throughout Phoenix Children’s!
- Remember, you and your staff members will be held accountable to the standards, with Picker scores and patient safety standards as the measure of achievement.
- Finally – remember to send your Accountability Status Report to Cathy Franklin by August 31<sup>st</sup>.

**If you have questions ...**

- This program is a team effort – we are counting on you! If you have questions, you may contact any of the following:  
Caroline Lathrop, Director of Quality,  
Julie Reisetter, Administrative Director of ED/PICU,  
Debra Stevens, Director of Marketing and Communications, Janice Stringer, Director of Organizational Development,

## E. Accountability Log

Department(s): _____  Head Coach: _____  Target End Dates December 30, 2007	<p style="text-align: center;"><b><u>Areas of Focus: Sept - Dec 2007</u></b></p> <ul style="list-style-type: none"> <li>• SBAR communication</li> <li>• Critical Values</li> <li>• Read Back</li> <li>• Critical Communication Skills</li> </ul> <p style="text-align: center;">Two Challenge Rule I need some Clarity</p>		
<b>SBAR Communication</b>			
<b>Interventions/Actions</b>	<b>Date Completed</b>	<b>Number of Staff coached</b>	<b>% of Dept coached</b>
1.			
2.			
<b>Critical Values</b>			
<b>Interventions/Actions</b>	<b>Date Completed</b>	<b>No. of staff coached</b>	<b>% of Dept. coached</b>
1.			
2.			
<b>Read Back</b>			
<b>Interventions/Actions</b>	<b>Date Completed</b>	<b>Number of staff coached</b>	<b>% of Dept. coached</b>
1.			
2.			
<b>Critical Communication</b>			
<b>Interventions/Actions</b>	<b>Date Completed</b>	<b>No. of staff coached</b>	<b>% of Dept coached</b>
1.			
2.			
<b>Evaluation: What went well, what could be improved, words of wisdom (use second page if needed)</b>			

<b>Anecdotal sharing (optional)</b>

**F. RECOGNITION PROGRAM**

**Nominate Your MVP**

**Thank you for making a difference today.**

Presented To: \_\_\_\_\_ Dept: \_\_\_\_\_

Nominated by: \_\_\_\_\_ Date: \_\_\_\_\_

**Nominations may be made by any PCH employee, patient or family member.**

Please provide a brief description of the behavior that made a difference:

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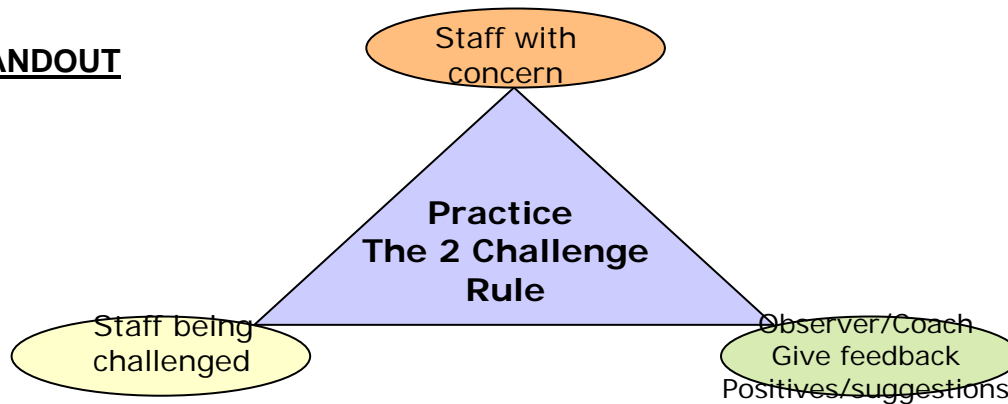
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- *Please send this original form to the nominee’s manager.*
- *The nominee will be presented this certificate.*
- *The nominee may select a gift of their choice from the current selection.*
- *The manager is to retain a copy of the nomination form for consideration of the All Star Team.*

## G. HANDOUT



### **Scenario: Clinical**

- At 1900 a nurse receives communication of a critical value of a patient's potassium, 6.5
- The nurse pages the physician and communicates the lab value using SBAR
  - S=Situation, *what is going on* with the patient?
  - B=Background, *what is the clinical background or what is the context?*
  - A=Assessment, *what do you think the problem is?*
  - R=Recommendation, *what would I do to correct it?*
- The physician responds, "It can wait until I arrive at 0100."
  - If you are the nurse, what are you going to do next?
- Despite asking for clarification, the physician states, "I'll be there at 0100."
  - Now what are you going to do?

### **Scenario: Non-Clinical**

- A biomed employee receives an urgent request to deliver a triple IV pump to the NICU
- The biomed employee discovers that the pump has a "maintenance required code" upon starting the pump
- The employee notifies the supervisor that they are pulling the pump out of service
  - S=Situation, *what is going on?*
  - B=Background, *what is the context?*
  - A=Assessment, *what do I think the problem is?*
  - R=Recommendation, *what would I do to correct it?*
- The supervisor says "let them use it today and I will make a note to have someone check it tomorrow."
  - If you are the biomed employee, what are you going to do next?
- Despite asking for clarification, the supervisor says "just let them use it!"

- Now what are you going to do?

### **Scenario: Non-Clinical**

- A manager has requested legal to provide some feedback on a contract
  - S=Situation, *what is going on?*
  - B=Background, *what is the context?*
  - A=Assessment, *what do I think the problem/ question is?*
  - R=Recommendation, *what do I need?*
- The lawyer asks you to contact the company and request clarification on points #6 and #7 of the contract- the false claims act information and indemnification
  - If you are the manager, what are you going to do next?
- Despite asking for clarification, the lawyer asks that you contact the company with the questions as soon as possible.
  - Now what are you going to do?

### **H. How to use the Two-Challenge Rule. We have different information!**

**Goal:** To ensure that an expressed concern has been heard, understood, and acknowledged. Use when you have an unresolved concern.

#### **Step One:** Seek clarity



- “I need some clarity”
- Follow this by a clarifying question,  
“Did I understand....?”  
“Did you say.....?”

(May be used in front of the patient and/or family)

If Step One (initial clarification) is ignored and/or there is a concern regarding potential harm to a patient / integrity of a program

#### **Step Two:** State concern



- State your concern and provide additional information that supports your concern; describe the specific situation and concern.
- If, after two attempts, the concern is disregarded, but you believe patient, staff, or department/ institution safety or integrity is or may be severely compromised, take stronger action

- Notify your supervisor
- Pursue the chain of command

If you are personally challenged by a team member, it is your responsibility to acknowledge the concern instead of ignoring the person.

## **I. Why Do Errors Occur?**

- Workload fluctuations
- Interruptions
- Fatigue
- Multi-tasking
- Failure to follow up
- Poor handoffs
- Ineffective communication
- Not following protocol
- Excessive professional courtesy
- Halo effect
- Passenger syndrome
- Hidden agenda
- Complacency
- High-risk phase
- Strength of an idea
- Task (target) fixation

## **J. BEST Coaching for Safety Scenario**

- I need clarity
- The two challenge rule
- CUS: I am **concerned**, I am **uncomfortable**, and this is a **safety issue**

### **Dr Smith:**

Sally, we need to give your patient, Baby Smith, 50 mg of *Lasix* right away. He is very edematous and needs to get that excess fluid off right away.

### **Sally:**

Dr Smith, will you please write that order? I know you want the medication given right away, but I can only take verbal orders in an emergency. Verbal orders can lead to errors. Also, I need some clarity --did you say 50, five zero mg? That seems like a lot.

### **Dr Smith:**

Listen, I am in a hurry, Can't you write it? I always give verbal orders and no one has refused before. And by the way, I said fifteen.

**Sally:**

Gosh, what I heard was 50 -- five zero not 15 – one five. Dr Smith, I really can't take that verbal order. It will only take you a minute to enter what you need in the medical record. I will process it right away.

**Dr Smith:**

What do you mean process it?

**Sally:**

All medications, unless they are given in a true emergency, need to be reviewed by pharmacy as another check for patient safety. It only takes a few minutes

**Dr Smith:**

I want you to follow my order now and give that medication.

**Sally:**

I am sorry, but it isn't appropriate for me to do that. I will make sure your patient gets the *Lasix* as soon as possible, after you write the order and the pharmacy checks it against the patient profile for safety.

**Dr Smith:**

Where is the supervisor? I can't believe you are refusing my order. I'll give the med if you won't!

**Sally:**

Dr Smith, I am concerned and uncomfortable with your verbal order. This is a safety issue. We and other hospitals have had errors made because we were in a rush and skipped important checks and balances in the medication administration process. I will go and get Mary Jones who is the clinical supervisor tonight. She will be able to help with this issue.

**Dr Smith:**

(Long pause) ..... You really think this is a safety issue? I don't want you to do something you consider unsafe. Let me write this.....there, please have pharmacy check the dose, and then give it ASAP.

**Sally:**

Thanks Dr Smith. I appreciate your understanding.

## **K. Coaching for Safety Scenarios**

### **Clinical Scenario 1**

You are taking care of Johnny, a 3 year old who was admitted with asthma. You have noted that his pulse and respirations are up and he is working harder to breathe. On rounds you hear that the team is planning on discharging Johnny today as soon as his family arrives. You indicate that you do not think he is ready for discharge based on your physical assessment. The resident indicates that Johnny is fine and needs to be home before he catches something since it is RSV season.

Use your coaching for safety techniques:

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### **Clinical Scenario 2**

You are taking care of Mary who is 14 years old. She has leukemia and has gone through several rounds of Chemo. She just confided in you that she does not want to live and today is going to be her last day on this earth. You talk to the resident about what Mary has just shared with you and he says, don't worry about it, this is pretty normal. Teenagers say things like this all the time.

Use your coaching for safety techniques:

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### **Clinical Scenario 3**

You are taking care of Scott who had abdominal surgery and has his pain managed by Epidural analgesia. You do a neuro assessment and find that his toes are numb. You anesthesia to report your finding and are told not to worry about it and that they will check on him in rounds in the morning.

Use your coaching for safety techniques

### **Clinical Scenario 4**

You are in the ED taking care of Joey, a 2 year old with acute abdominal pain. The ED is very busy and after Joey's abdominal x-rays are taken, the resident indicates to the parents that Joey can go home and to come back if he isn't better. The parents do not seem to understand and you can sense their concern.

Use your coaching for safety techniques.

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## **Clinical Scenario 5**

You are taking care of Susan, a 12 year old with an open reduction of a compound fracture of her left Tibia and Fibula. She has a full leg cast on her left leg. When you assess the capillary refill in her left toes, you note that her toes are cool, pale, and the capillary refill is 5 seconds. She indicates that the pain in her leg is 8 on a scale of 10. You know that she received 5 mg of Morphine IV just 30 minutes ago. You call the resident to report your assessment and are told to elevate her leg, give 5 more mg of Morphine and he will check her later.

Use your coaching for safety techniques.

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## **Non-Clinical Scenario #6**

You notice that during construction, the people that work with you are ignoring the signs that the construction area is off limits, and are taking a shortcut through the construction zone. You know that they may be endangering themselves, the construction workers, and tracking dirt from the construction area into a clean patient area.

As a coach, what do you do?

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## **Non -Clinical Scenario 7**

You have just heard about the amount of money PCH is losing by patient supplies not being properly charged to each patient. Also, by not charging supplies, the supply on the unit is not being replaced. You notice that a couple of your coworkers are taking supplies and not charging them to the patient.

As a coach, what do you do?

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## **Non- Clinical Scenario 8**

Your co-worker just slammed her phone down after talking with another department. She starts talking loudly to no-one in particular stating: "I can't believe they did this AGAIN". They never get my requests right and now I don't know what I am going to do". I can't count on anyone! I'll just stay overtime and do everything myself". She continues to rant and is negatively affecting your work environment.

As a coach, what do you do or say?

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### **Non-clinical Scenario 10**

Someone from another department comes to your office area to drop off some work to be done. After she explains what help she needs, she starts complaining about all the work she has to do and all the problems she has had getting this project to this point. None of this is relevant to you or your office-mates and the negative talk is affecting the work environment in your office. It is interfering with your ability to concentrate on getting your work done.

As a coach, what do you do?

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### **Non-clinical Scenario 11**

You are walking through your work area and notice that a family is looking anxious and trying to get the attention of the registration staff in the clinic. You are not a clinical staff member, but the child looks really sick to you and the family almost panicky. The registration staff are celebrating the birthday of one of their co-workers and are talking among themselves and totally ignoring the patient and family.

As a coach, what do you do?

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### **Non-clinical Scenario 12**

You come through the employee entrance of the hospital regularly throughout the day and you notice that your co-workers are letting non-employees in that entrance with their ID badge on a regular basis. They are not asking the people who want to gain entrance who they are and the individuals do not have visitor badges.

As a coach, what do you do?



**L. As a BEST coach, complete your action plan for the following content areas:**

<p><u>Coaching for Safety: clarity, 2 challenge rule, CUS, Chain of Command</u></p>	<p><u>Medication Reconciliation</u></p>	<p><u>Abbreviations: ones to avoid</u></p>	<p><u>Process for taking and verifying verbal orders</u></p>
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Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

List manger/ director that you will share the plan with:

\_\_\_\_\_

**M. Participant Evaluation Form**

BEST: Coaches Training

Date: June \_\_\_\_\_, 2007

The BEST training is designed to promote Phoenix Children's as a world class institution giving world class care, having world class outcomes, and a world class reputation.

Do you feel today's class / exercises will help us obtain those goals?      Yes  
 No

If yes, what was most helpful and why?

If no, what was not helpful?

**Directions: On a scale of 1-5, with 5 being the highest, best, or most and 1 being least, lowest, or worst; rate by circling.**

Rate how well you feel the workshop prepared you to:

	Understand the information	Apply the information	Coach this information
identify your learning needs as a BEST coach	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
coach for safety: clarity, 2 challenge rule, and CUS, Chain of command	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
state my role in medication reconciliation	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
identify how medical abbreviation contribute to medical errors	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1
know the protocol for taking and verifying verbal orders	5 4 3 2 1	5 4 3 2 1	5 4 3 2 1

Comment on the effectiveness of the instructors:

Share comments that will help develop this training:

#### **N. FEEDBACK SESSION**

- ❖ What strategies, tools and techniques have you used?
- ❖ Have you seen improvements?
- ❖ What material/resources are the most helpful?

❖ What would help you be a better coach?

## **O. Quick Tip:**

Week of June 9-16, 2008

Topic: **Customer Service, Handling a Complaint - BEST**

**What is a good strategy for handling a complaint?**

Answer: HEAL

1. Hear them Out – give your full attention, listen, do not interrupt, gently clarify, keep eye contact
2. Empathize –Reflect your understanding and concern “I know this is upsetting etc.
3. Apologize – When finished, apologize “I’m sorry you have been inconvenienced/you are having a problem/we have not met your expectations etc.
4. Leap into action – What can I do for you right now? Listen and let them know what you will do to follow up. They may wish to be escorted to a manager’s office. If it is something that will need follow up, give them a time, take their information, and give them your name/number/card. Keep your commitment. Be sure to follow up.

For Further Information: See your BEST coach, manager