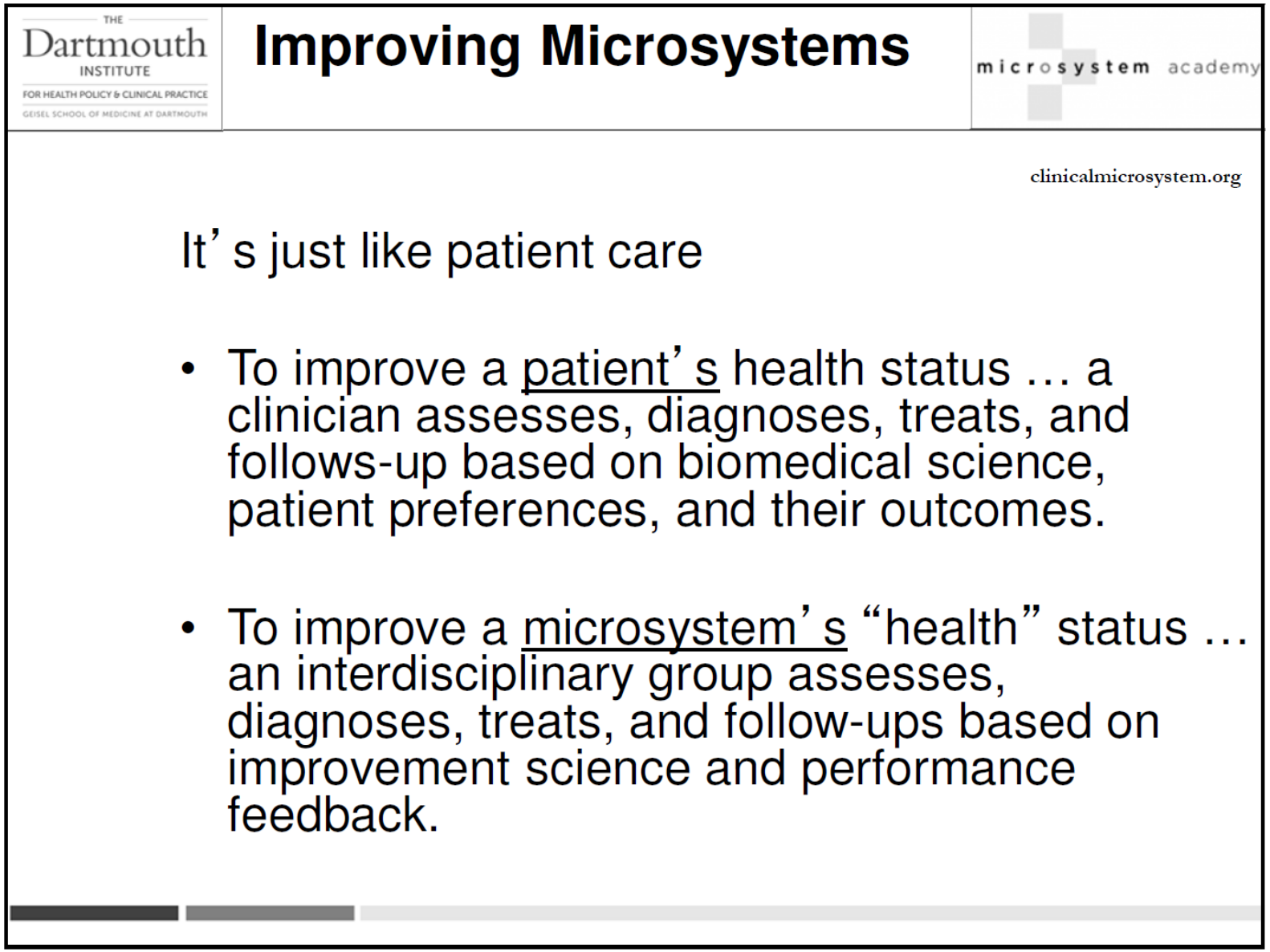
PHLN Measuring Teamwork Resources

Links to Validated Teamwork Assessment Tools

Carolyn Shepherd 8/1/18

Measuring Team-based Care 2.0

http://clinicalmicrosystem.org/knowledge-center/



Slide from Marjorie Godfrey, MS, RN IHI IDCOP 2015

Validated Teamwork Tools

Study of validated tools to assess teamwork: http://rcrc.brandeis.edu/pdfs/Valentine et al 2013.pdf

Measuring Teamwork in Health Care Settings

A Review of Survey Instruments

Melissa A. Valentine, MPA, Ingrid M. Nembhard, PhD,† and Amy C. Edmondson, PhD**

Background: Teamwork in health care settings is widely recognized as an important factor in providing high-quality patient care. However, the behaviors that comprise effective teamwork, the organizational factors that support teamwork, and the relationship between teamwork and patient outcomes remain empirical questions in need of rigorous study.

Objective: To identify and review survey instruments used to assess dimensions of teamwork so as to facilitate high-quality research on this topic.

Research Design: We conducted a systematic review of articles published before September 2012 to identify survey instruments used to measure teamwork and to assess their conceptual content, psychometric validity, and relationships to outcomes of interest. We searched the ISI Web of Knowledge database, and identified relevant articles using the search terms *team*, *teamwork*, or *collaboration* in combination with *survey, scale, measure,* or *questionnaire*.

Results: We found 39 surveys that measured teamwork. Surveys assessed different dimensions of teamwork. The most commonly assessed dimensions were communication, coordination, and respect. Of the 39 surveys, 11 met all of the criteria for psychometric validity, and 14 showed significant relationships to nonself-report outcomes.

Conclusions: Evidence of psychometric validity is lacking for many teamwork survey instruments. However, several psychometrically valid instruments are available. Researchers aiming to advance research on teamwork in health care should consider using or adapting one of these instruments before creating a new one. Because instruments vary considerably in the behavioral processes and emergent states of teamwork that they capture, researchers must carefully evaluate the conceptual consistency between instrument, research question, and context.

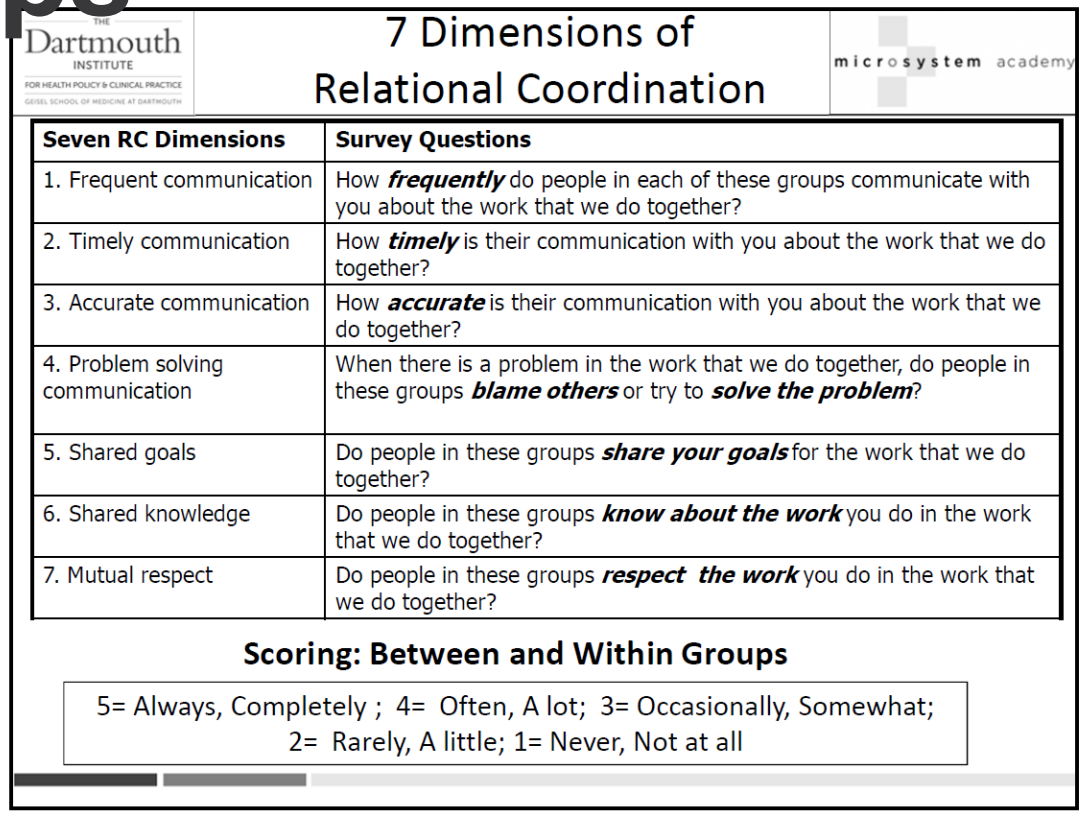
Key Words: teamwork, psychometric properties, survey instruments

The use of teams has grown significantly in health care organizations, becoming a critical part of the way in which care is delivered.[1,2] To deliver quality care, diverse professionals with unique expertise must often work together, such that team*work* is an essential aspect of health care delivery, regardless of whether health professionals are assigned to designated teams.[3–5] The benefits of effective teamwork can be substantial. Higher team functioning is associated with better patient outcomes[6–8] and cost savings.[9] Scholars have theorized that these benefits accrue because better functioning teams make better quality decisions, cope more effectively with complex tasks, and better coordinate actions and expertise.[9–11]

Despite growing awareness of potential benefits, many heath care organizations lack effective teamwork, with negative consequences for patients.[1] In a review of 54 malpractice incidents in an emergency department, 8 of 12 deaths were judged to have been preventable if appropriate teamwork had occurred.[12] The prevalence of teamwork failures has been attributed to several factors. First, the professional hierarchy in medicine inhibits teamwork because both high-status and low-status individuals may avoid open conversation for fear of embarrassment or disrupting the hierarchy.[13–15] Second, frequent transitions between caregivers because of shift changes, patient transfers, and academic hospital schedule constraints make coordination and teamwork complicated.[16] Finally, teamwork confronts the challenges of managing human relationships and personalities.[17]

In sum, prior research indicates that teamwork promotes quality care, worker satisfaction, and cost improvement but may not happen naturally for a number of reasons. Given its importance in health care, systematic empirical study is needed to better understand the behaviors that comprise teamwork, the factors that support teamwork, and the relationships between teamwork and health care outcomes. Such study depends in part on access to appropriate

Improving Healthcare Through Team Relationships



The Dartmouth Institute for Health Policy & Clinical Practice, Geisel School of Medicine at Dartmouth

7 Dimensions of Relational Coordination

microsystem academy

Seven RC Dimensions	Survey Questions
1. Frequent communication	How ***frequently*** do people in each of these groups communicate with you about the work that we do together?
2. Timely communication	How ***timely*** is their communication with you about the work that we do together?
3. Accurate communication	How ***accurate*** is their communication with you about the work that we do together?
4. Problem solving communication	When there is a problem in the work that we do together, do people in these groups ***blame others*** or try to ***solve the problem***?
5. Shared goals	Do people in these groups ***share your goals*** for the work that we do together?
6. Shared knowledge	Do people in these groups ***know about the work*** you do in the work that we do together?
7. Mutual respect	Do people in these groups ***respect the work*** you do in the work that we do together?

Scoring: Between and Within Groups

5= Always, Completely ; 4= Often, A lot; 3= Occasionally, Somewhat;
2= Rarely, A little; 1= Never, Not at all

http://clinicalmicrosystem.org/uploads/documents/Interprofessional_Collaborative_practice_GITELL_GODFREY_THISLETHWAITE.pdf

http://www.rcrc.brandeis.edu/survey/Measuring Relational Work Systems.html

TeamSTEPPs
https://www.ahrq.gov/teamstepps/index.html

About TeamSTEPPS®

TeamSTEPPS is an evidence-based set of teamwork tools, aimed at optimizing patient outcomes by improving communication and teamwork skills among health care professionals

Milstein-Attributes of High-Value Practices

Table 3. Attributes More Frequently in High-Value Practices Relative to Average-Value Practices[a]

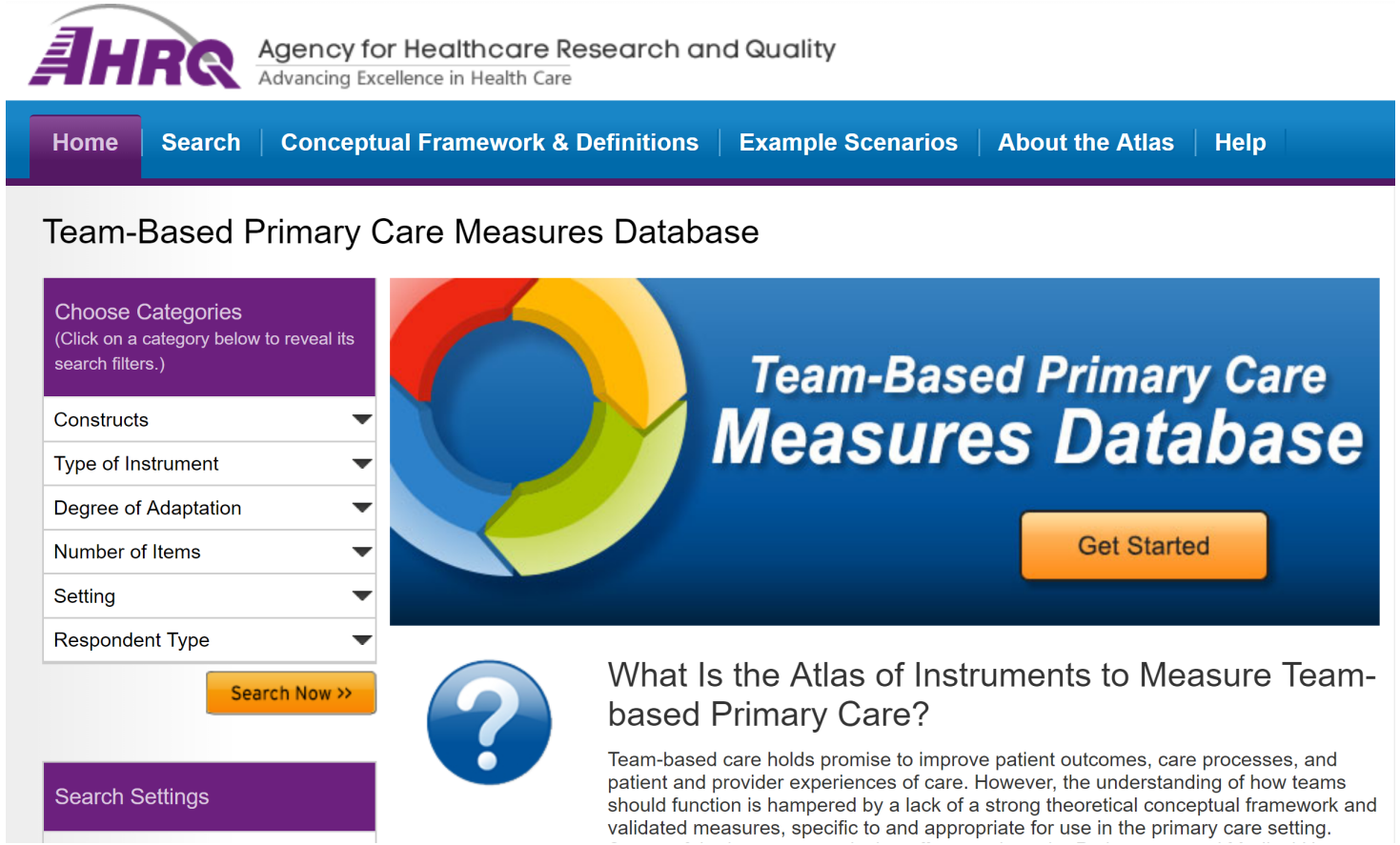
Attribute	Description
Expanded access	Practices offer same-day appointments and accommodate walk-ins, extend evening and weekend hours, and often take their own after-hours calls with access to their patients' electronic medical records.
Decision support for evidence-based medicine[a]	The care team ensures that patients receive all evidence-based care and treatment, often by making guideline-based reminders available to clinicians in the electronic medical record. Some practice office managers regularly run reports to identify care gaps to alert the care team to take action—such as a list of patients overdue for colorectal cancer screening. Physicians consciously avoid ordering tests that would not change management.
Risk-stratified care management[a]	Each patient receives support that is matched to his or her unique needs. High-risk patients are monitored and advised by a care manager, scheduled for longer office visits, receive frequent phone checks by office staff, or in some cases, clinician home visits.
Shared decision-making and advanced care planning	When diagnostic and treatment options substantially differ in their consequences and cost such as care near the end of life, clinicians walk patients through likely scenarios and tradeoffs.
Complaints are gold	Complaints from patients are perceived to be as valuable as compliments, if not more so. Practices take every opportunity to encourage patient feedback.
Comprehensive primary care	Clinicians practice within the full scope of their expertise, including services that primary care clinicians often refer out, such as skin biopsies, suturing, insulin initiation and stabilization, joint injections, and IUD placement. In some cases, such as treadmill testing, practices arrange training and supervision by specialists.
Careful selection of specialists[a]	When services outside the scope of the primary care practice are necessary, primary care clinicians rely on a carefully selected list of specialists with whom they trust to follow evidence-based guidelines and remain in close contact as treatment plans develop.
Coordinated care[a]	Care teams monitor patients outside of primary care visits. They ensure patients complete referrals to specialists and schedule timely follow-up after unexpected hospitalizations. In some cases, they track medication adherence by communicating with pharmacies or counting refills.
Upshifted staff roles	Physicians are supported by a team of medical assistants, front desk staff, and in some cases, nurses and advanced practice clinicians who practice near the full potential of their education, skills, and licensure. As a result, physicians devote more time to the most complex patients.
Standing orders and protocols[a]	Practices develop standing orders and protocols for uncomplicated acute illnesses and chronic disease management. Nonclinician team members use these standardized workflows to care for patients without requiring direct clinician intervention.
Shared work spaces	Care teams including clinicians and nonclinicians work together in a common work area, enabling face-to-face communication that facilitates problem-solving in real-time.
Balanced compensation[a]	Physician salary is linked to value instead of only volume. Compensation reflects performance on at least one of the following components: (1) quality of care, (2) patient experience, (3) resource utilization, and (4) contribution to practice-wide improvement activities.
Low overhead space and equipment	Practices rent modest offices and typically invest in laboratory, imaging, and other equipment only if it allows clinicians to provide care more efficiently than referring to outside services. Some practices partner with other practices to jointly operate imaging equipment at a lower cost per study.

IUD = intrauterine device.

[a] Attributes with a statistically significant association with high-value practices compared with average-value practices.

Simon, M., et al Ann Fam Med 2017;15:529-534. http://www.annfammed.org/content/15/6/529.full.pdf+html

AHRQ Team-Based Care Measures



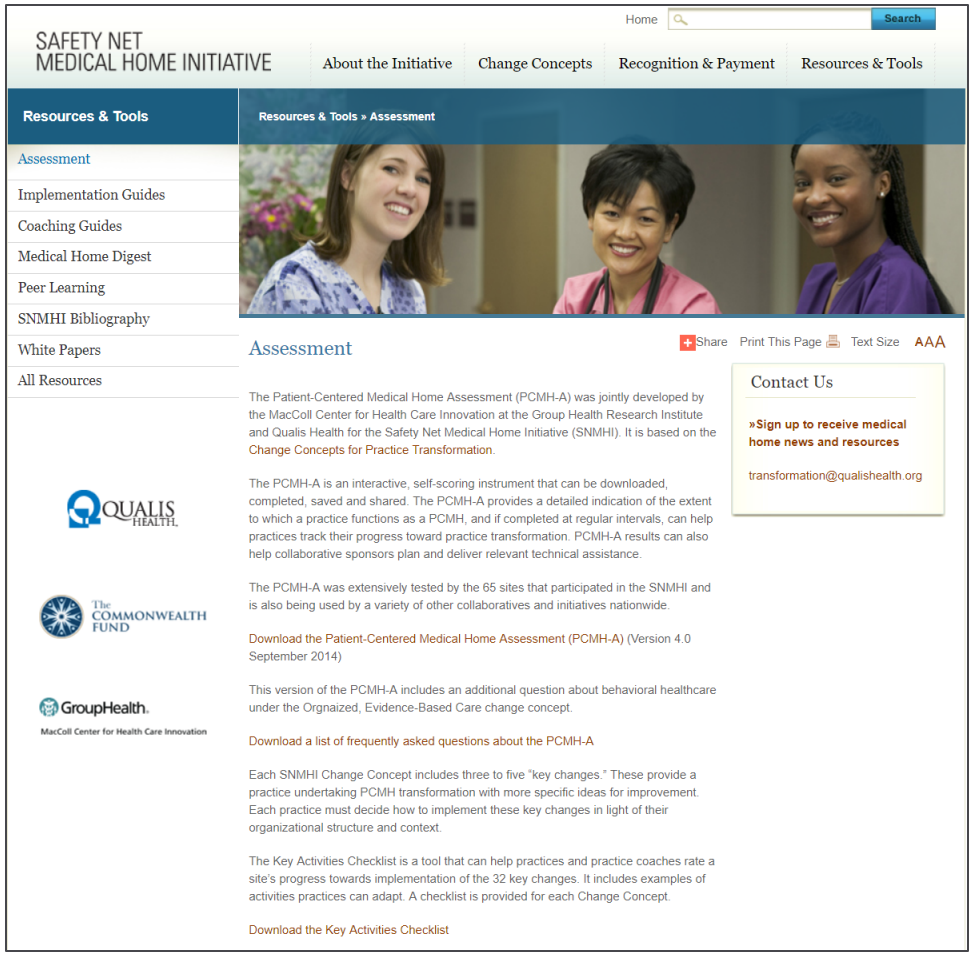
https://primarycaremeasures.ahrq.gov/team-based-care/

Primary Care Team Guide Assessment

Team Stage Question	Traditional Care	Developing Care Team	Advanced Care Team
1. Staff other than PCPs…	Are primarily tasked with managing patient flow and triage.	Provide some clinical services, such as assessment or self-management support.	Perform key clinical service roles that match their abilities and credentials.
2. Medical Assistants…	Mostly take vitals and room patients.	Perform a few clinical tasks beyond rooming patients, such as reviewing medication lists or administering PHQ-9s.	Collaborate with the provider in managing the panel and play a major role in providing preventive services and services to chronically-ill patients, such as self-management coaching or follow-up phone calls.
3. Laypersons (e.g., front desk staff, Community Health Workers)…	Are not involved in clinical care.	Mostly provide non-clinical patient-facing services such as reception or referral management.	Provide self-management coaching, coordinate care, help patients navigate the healthcare system, and/or access community services.
4. The practice…	Does not have an organized approach to identify or meet the training needs of providers and other staff.	Routinely assesses training needs and encourages on-the-job training for staff.	Routinely assesses training needs, ensures that staff are appropriately trained for their roles and responsibilities, and provides cross training to ensure the patient needs are consistently met.
5. Standing orders that can be acted on by non-independent providers under protocol…	Do not exist.	Have been developed for some conditions.	Have been developed for many conditions and are used extensively.
6. Workflows for clinical teams…	Have not been documented and/or are different for each person or team.	Have been documented, but are not used to standardize workflows across the practice.	Have been documented, are utilized to standardize workflows, and are evaluated and modified on a regular basis.

Adapted from http://improvingprimarycare.org/assessment/full MacColl Center for Health Innovation, Group Health Research Institute, 2015, v 1.1

SNMHI Key Activities Checklist



http://www.safetynetmedicalhome.org/resources-tools/assessment