

Teamwork Advisory Council Charter

Version 4.0 (Revised on 09/27/2021)

Vision:

We aspire to optimize the wellbeing, quality and safety of patients and ourselves through teamwork as a critical component of improvement work.

Purpose:

- We are an interdisciplinary group supporting successful implementation of evidence-based interventions to improve teamwork.
- We create a system-wide forum for knowledge sharing and providing insight and guidance to members across Stanford Medicine
- We function as a learning and practice community for teamwork and provide consultation to address teamwork challenges across all Stanford Medicine entities.

I. Scope and responsibility:

- All organizations within Stanford Medicine (PCHA, SCH, SHC, SHC-VC, UHA, SoM).
- In general, local areas have the freedom to test out different approaches without formal approval from this council. Serve as a forum for sharing small tests and will convene larger external forums as needed.
- Report to Stanford Medicine Center for Improvement's Coordinating Committee.
- Oversight and direction to the Teamwork Engagement Workgroup.
- Provide consultation to address teamwork challenges for Stanford Medicine.
- Invite teamwork subject matter experts to participate as guest speakers.

II. Functions

- Create a relationship-centered culture of teamwork and a renewed emphasis on speaking up when we have safety concerns and listening to others when they speak up.
- Promote human-centeredness and psychological safety as foundations of effective teamwork.
- Engage and leverage Stanford Medicine employees to deliver training and coaching that support teamwork initiatives throughout Stanford Medicine.
- Align programmatic implementation with safety culture survey results, engagement and wellness scores, and safety and quality metrics.
- Foster a mindset open to questioning – I will question, and I will welcome being questioned (ARCC).
- Increase Stanford Medicine's capability for both teaming (see Edmondson) and teamwork (Level 2 relationships – see Schein).
- Broad function: Be the gatekeeper for Stanford Medicine teamwork models – set a broad, SM-wide framework for teamwork that is evidence-based. Define what models/frameworks we WILL use and which ones we will NOT use.
- Leverage the size of the respective nursing operations – must ensure that selected models are consistent with / supportive of Magnet-standards.

Teamwork Advisory Council Charter

Version 4.0 (Revised on 09/27/2021)

III. Deliverables

1. Tools or services we provide to the **Stanford Medicine community** in general:
 - a. “Grand rounds” or other broad-audience presentations, especially if co-sponsored with other groups in SMCI or Stanford Medicine (e.g., DEI groups, wellness, ACES/communication, etc.).
 - b. Clearinghouse of teamwork-related tools, resources, and knowledge training in specific teamwork programs, e.g., TeamSTEPPS.
 - c. Promote evidence-based initiatives focused on organizational culture change that support and sustain teamwork.
 - d. Regularly shared positive examples of how teamwork skills improved patient care (“good catch”, clear communication, etc.) – maybe make this statement more outcome or process driven; share beyond TAC.
2. Tools or services (or support) we provide **members of the Teamwork Advisory Council** and their respective teamwork-related improvement activities:
 - a. Collaborations and connections between TAC members, especially across different clinical sites.
 - b. Support for publication or presentation of significant work.
 - i. Links to SMCI website highlighting the work.
 - b. Review and transmission of achievements to SMCI and Stanford Medicine leadership
 - i. Outcome measures and process measures linked to teamwork, culture change.
 - ii. Warehouse of improvement ideas and projects related to teamwork so people can learn from others’ prior work (see SMCI website).
 - iii. Define a teamwork framework/mental model that could be consistently applied throughout Stanford Medicine.
 1. For this to happen, the model must be easy to learn, easy to apply, and compatible with existing programming at the various entities. As a result, it must focus on principles paired with a very small number of shared practices, and it cannot not require extensive investments in training to happen. Quite the contrary – much better that it spread naturally by a small cadre (e.g. TAC members) integrating it into their practice and influencing others to follow by demonstrating its value through their actions.
3. Things we provide to SMCI or Stanford Medicine leadership to **demonstrate the accomplishments** and usefulness of TAC:
 - a. Overview of current and upcoming teamwork-related improvement activities across Stanford Medicine.
 - b. Strategy and tactics to advance teamwork-based improvement at Stanford Medicine; seems like TAC should play a role in developing and pursuing this.
 - c. Publications and presentations related to TAC-supported work.
 - d. Data about engagement with TAC activities - attendance or registration for grand rounds presentations, clicks on positive example stories, etc.

Teamwork Advisory Council Charter

Version 4.0 (Revised on 09/27/2021)

4. Agenda items to be delivered monthly to support the continued development of membership and collaboration. Each item will be presented in **5-10 minute lightning talk** followed by **3-5 min.**

Q&A:

- a. Review a **teamwork education** concept/journal article.
- b. Presentation of **current teamwork** project SHC/LPCH/ValleyCare – assessment, objectives, logistics.
- c. Presentation of **proposed teamwork** project w/ invitation for member feedback.

- IV. Membership** - Meet every month for 1 hour and/or as needed. Chairs: Sam Shen, MD (SHC) & Karthik Balakrishnan (SCH). Facilitator: Ryan Darke. Scribe: Mary Grace Cerezo. *See appendix for a comprehensive list of names, roles, and organizations.*

General inclusion criteria:

- A desire to promote and support the development of a shared vision for teamwork at Stanford Medicine.
- An ability to deploy and advise teamwork efforts through a combination of developing teamwork skills, integrating teamwork behaviors into core behaviors, and championing the role of teamwork in organizational performance.

V. Success Measures

- Each Stanford Medicine entity prioritizes teamwork and encourages the development of evidence-based implementation plans. Teamwork Advisory Council members serve as advisors for the implementation plans and develop partnership and alignment across entities.

VI. Structure

- The meetings will occur monthly, or as needed.
- The agenda will be developed by the Committee Chairs.
- Meeting minutes will be reviewed and approved by the Committee members.

VII. History

- **January 2019** - Inception
- **June 2020** - Part of the Stanford Medicine Center for Improvement (SMCI)
- **March 2021** – Leadership of the Council changed from Karen Frush, Lane Donnelly and Nilushka Melnick to Sam Shen, Karthik Balakrishnan and Ryan Darke.

VIII. Definitions

- Team: “a (1) bounded group of individuals who are (2) interdependent in achieving a (3) shared goal.” [Hackman JR 2002]
- “Two or more people who interact dynamically, interdependently, and adaptively toward a common and valued goal, have specific roles or functions, and have a time-limited membership” [TeamSTEPPS]
- Teamwork: the combined action of a team, characterized by its knowledge, skills, attitudes, and performance

Teamwork Advisory Council Charter

Version 4.0 (Revised on 09/27/2021)

IX. Background

- The Integrated Strategic Plan (ISP) includes fostering “a compassionate, diverse, and inclusive culture that empowers and develops our people and strengthens our community” as an Enabler for our Value Focused pillar. Anecdotally, many leaders at Stanford Medicine have identified better “teamwork” and “culture” as critical next steps in our Quality journey. Finally, achieving the Quadruple Aim – to achieve outcomes and build a relationship centered culture require integration of advancing communication excellence and leadership development to intra and interdisciplinary team roles and members.
- The Safety, Quality, & Value (SQV) Whitepaper for the ISP also calls for improved teamwork in numerous ways, including an overarching recommendation to “develop a communitarian culture in which leaders share an institutional rather than individual mindset and are committed to sustainable improvement in safety, quality, value, and patient experience”. The white paper also explicitly calls for an investment in “team training to promote collaborative approaches to patient care in the OR, ICUs and inpatient services.” This council will look at the entire continuum of care, including ambulatory care.
- There are many past and current efforts to improve “teamwork” and “culture” at Stanford Medicine. These efforts are variable in their scope, effectiveness, and grounding in evidence-based, scientific approaches for enhancing teamwork. An extensive evidence base supports the effectiveness of specific teamwork interventions in numerous settings for healthcare delivery.
- The most recent Culture of Safety Surveys at both SHC and SCH showed significant opportunities in domains related to teamwork: Teamwork Across Units and Handoffs & Transitions. Leadership anticipates that the 2019 survey will provide additional data that reinforce the need for stronger teamwork.
- Stanford Medicine has also prioritized professionalism and wellness, which have significant interdependencies with high functioning teams.

¹See, for example: TeamSTEPPS®: Research/Evidence Base. Content last reviewed July 2015. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/TeamSTEPPS/evidence-base/index.html>

X. References/Resources

- Stanford Medicine 2025 Integrated Strategic Plan
- Safety, Quality, and Value (SQV) Whitepaper for Stanford Medicine ISP (December 2017)
- 2017 SHC Culture of Safety Survey results

Teamwork Advisory Council Charter

Version 4.0 (Revised on 09/27/2021)

XI. Appendix

TeamSTEPPS:

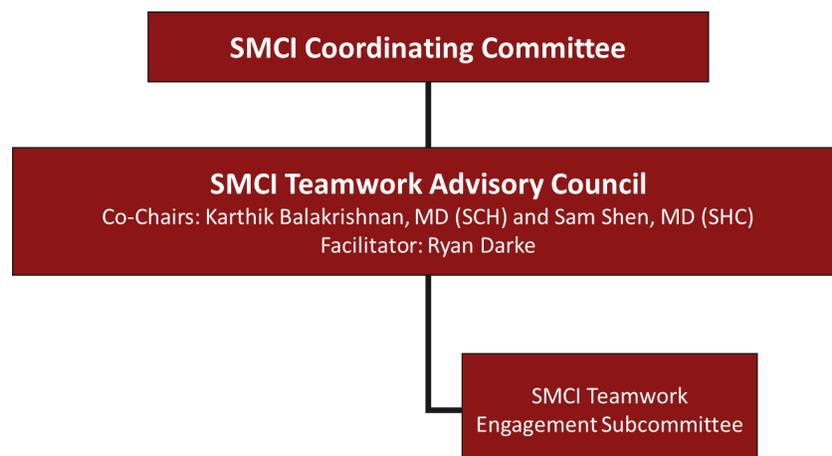
Rough framework/goals for initial TeamSTEPPS deployment:

- ✓ After Duke-run master trainer session in January 2019, run all sessions internally
- ✓ Set plan for internal development of master trainers. Estimate number required, by when, in which areas. Anticipate demand created by 2019 Culture of Safety survey. Likely need to offer at least one (possibly two) more master trainer course (1.5 days)
- Set learning objectives for Essentials course (3-4 hours), which will be offered more frequently. Consider need to adapt to specific areas.
- ✓ Be aware of forthcoming burden posed by 500P activation
- Define integration with InterCEPT program
 - Proposal: Position Essentials as a required intro course before new staff participate in InterCEPT. Would ensure consistent baseline knowledge and allow InterCEPT to focus on the *in situ* simulations.
- Initial integration into resident education via Resident Safety Council (RSC)

Longer-term goals include:

- Broad integration into internal training of residents (via GME) and eventually students (medical school, PA school). Eventually hope for TeamSTEPPS to be a standard module required for all housestaff
- Integration with wellness initiatives (WellMD center)
- Integration with advancing communication excellence at Stanford(ACES)
- Develop offerings for external trainings

Organizational Chart:



Teamwork Advisory Council Charter

Version 4.0 (Revised on 09/27/2021)

Membership List:

Amy Alcantara	Jason Francis	Andrew Palmquist
Noel Ayoub	Lisa Freeman	Wendy Prigge
Kartik Balakrishnan	Amelia French	Kiley Rogers
Jessey Bargmann-Losche	Sara Goldhaber-Fiebert	Teresa Roman-Micek
Ben Elkins	Sharon Hampton	Christy Sandborg
Bryan Bohman	Brittany Hasty	Tait Shanafelt
Patricia Britt	Janette Moreno	Sam Shen
Joseph Carlucci	Jean Stroud	Lisa Shieh
Mary Grace Cerezo	Megan Jenest	Hirut Truneh
Ling Chen	James Korndorffer	Alpa Vyas
Steven Chinn	Shalini Kumar	Sam Wald
Julie Collier	Clair Kuriakose	Karen Wayman
Ryan Darke	David Larson	Barbette Weimer-Elder
Hazel De Leon	James Lau	Ann Weinacker
Swati DiDonato	Amy Lu	
Lane Donnelly	Paul Maggio	
Mary K. Dunn	Megan Mahoney	
Jeff Edgar	Yael Markley	
Ruth Fanning	Nilushka Melnick	
Anna Frackman	David Overton	