

Building Collaborative Teams in the NICU

The Problem

Historically, teamwork in medicine has not been a priority. The Institute of Medicine To Err is Human Report (1996) outlined a national agenda to reduce errors in healthcare and improve patient safety. Following suit, the Joint Commission on Accreditation of Healthcare Organization (2004) recommended that “organizations conduct team training in perinatal areas to teach staff to work together and communicate more effectively.”

Aim/Goal

By presenting teamwork concepts to all healthcare providers in the Neonatal Intensive Care Unit (NICU), we aimed to: formally train staff about teamwork concepts; identify barriers to effective teamwork; explain the significance of effective teamwork in improving patient safety; discuss specific tools to assist with teamwork; and develop NICU-based teamwork applications.

The NICU Team Training Committee:

- Dara Brodsky, MD
- DeWayne Pursley, MD
- Munish Gupta, MD
- Mary Quinn, NNP
- Jane Smallcomb, RNC, BSN, MS
- Nina Koyama, MS, RRT-NPS
- Ginny May, RNC, BSN
- Karen Waldo, RN
- Susan Young, RNC, MS

The Interventions

- Formed multidisciplinary committee who attended a 2-day “Train the Trainer Program” developed by BIDMC Obstetric Team Training Group
- Surveyed all NICU staff to identify areas within the NICU that can be improved
- Developed three new applications of teamwork for the NICU (team meetings, updates, and debriefings)
- Created 2 videos of a delivery room scenario demonstrating effective and ineffective teamwork (produced by Bruce Wahl and Tom Laws, BIDMC)
- Addressed challenges of having a multidisciplinary group with different perspectives, personalities, experiences and expertise
- Presented realistic clinical scenarios in 17 small group multidisciplinary workshops



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Progress to Date

Post-Workshop Survey: surveyed 114 of 125 attendees

Description	Do Not Agree	Agree	Really Agree	Strongly Agree
The workshop was valuable to my professional development	0	3 (3%)	17 (15%)	94 (82%)
The presentations were clear	0	0	12 (11%)	102 (89%)
There was ample opportunity for interactive discussions	0	0	8(7%)	106 (93%)

General Comments:

- “Just the idea that people I work with care enough about working as a team and put the effort into having a workshop says it all”
- “The technique of effective communication & leadership were well demonstrated by instructors”
- “Having all staff in unit participate will unify team”

Strengths of Workshop:

- “Interactive, group involvement, felt comfortable voicing opinion” (n=40, 35%)
- “Great videos” (n=31, 27%)
- “Realistic examples” (n=21, 18%)
- “NICU will function better” (n=17, 15%)

Areas of Improvement:

- “None” (n=80, 71%)
- “More examples and more role play to practice concepts with group” (n=15, 12%)
- “Better environment/food” (n=10, 9%)

Three Month Post-Workshop Survey: surveyed subgroup (n=48)

Results:

- 85% stated that team meeting increased awareness
- 69% felt that communication improved since team training
- 67% asked or offered assistance to others based on info from team meetings

Future Steps

Continue to measure impact of team training:

1. Staff satisfaction: 1 year post-training survey completed, results pending; 2 year post-training planned
2. Team training tools: audits to track meetings, updates, and debriefings
3. Quality and safety: measure pre- and post team training frequency/cause of incident reports and family satisfaction survey results

Expand team training program to other NICUs:

- workshop already presented to Winchester Hospital NICU

For More Information Contact

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