

Teams and Teamwork Lessons From the NFL

Thom Mayer, MD, FACEP, FAAP, FACHE

EVP Leadership, LogixHealth, Inc.

Medical Director, NFLPA

Senior Lecturing Fellow, Duke University

Professor of Emergency Medicine, George Washington University

The Most Important Slide

thommayermd@gmail.com

Are Teams Important in the ED?



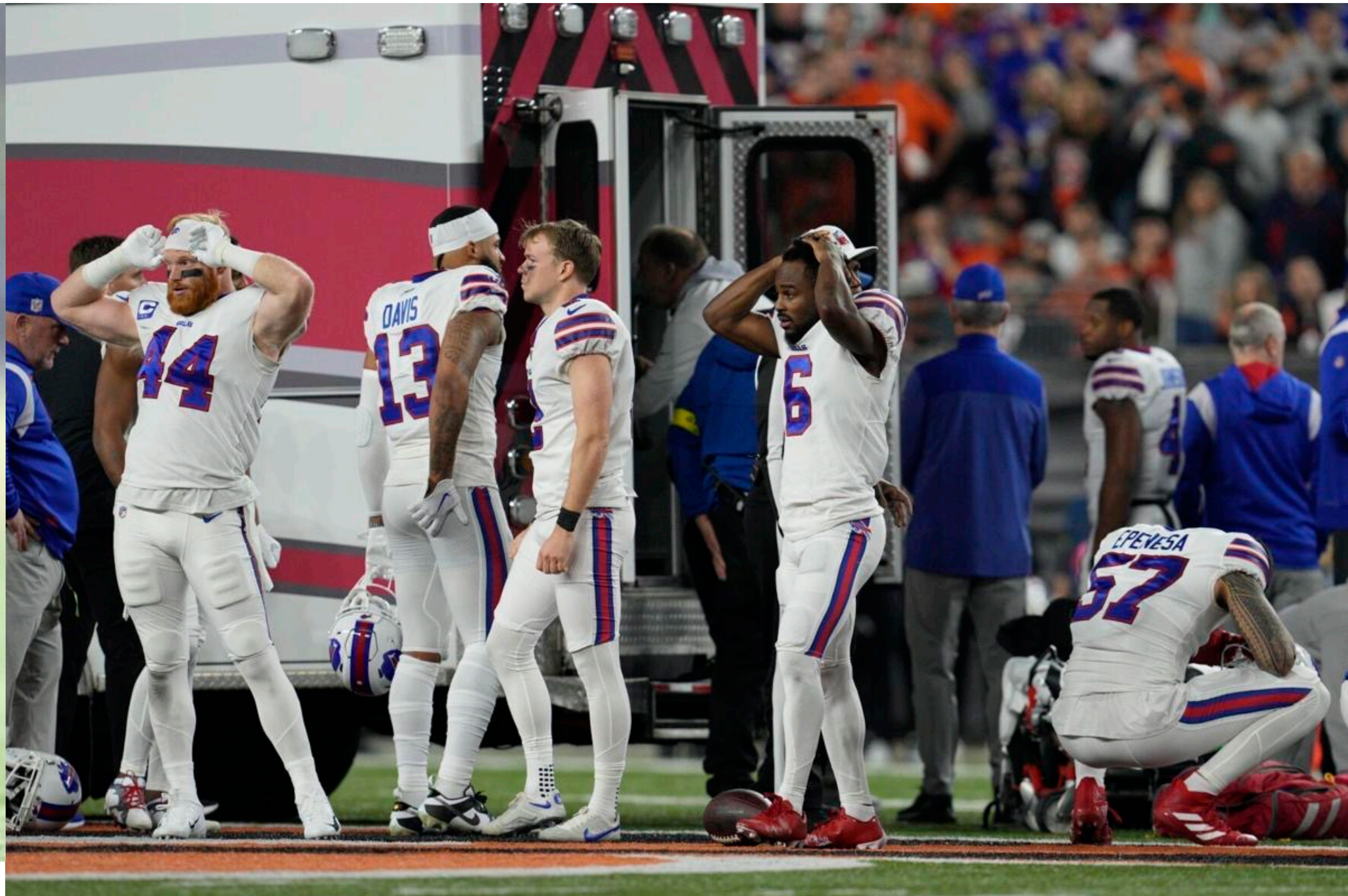


Objectives



- Defining Teams and Teamwork in EDs
- Discuss Your Team Problems
- Describe the Tools of Teamwork
- What to Do When the Team Breaks Down

Teams and Teamwork Matter



Are You A Team? Are You An “A Team”?



“The fundamental paradox of the human condition is that the most important questions are simultaneously those asked least often.”

Soren Kierkegaard

3 Team Insights Drive it All



1. Every member of the healthcare team is a **leader...**
 - Lead Yourself
 - Lead Your Team
2. Every healthcare team member is a **performance athlete...**
 - Invest in Yourself
 - Invest in Your Team
3. **The Work Begins Within!**
But it turns toward teamwork!

The Paradox of Team Work?

- We can confidently assure our patients that they will be cared for by a team of experts...



- But can we assure them they will be taken care of by an expert team?

Smart People ≠ Smart Teams



The number one sign of the health of an ED is the relationship
between the physicians and the nurses
The patient **expects** a team!





IF YOU WANT TO GO FAST, GO ALONE.

IF YOU WANT TO GO FAR, GO TOGETHER.

- African Proverb



What are the biggest teamwork issues you face?

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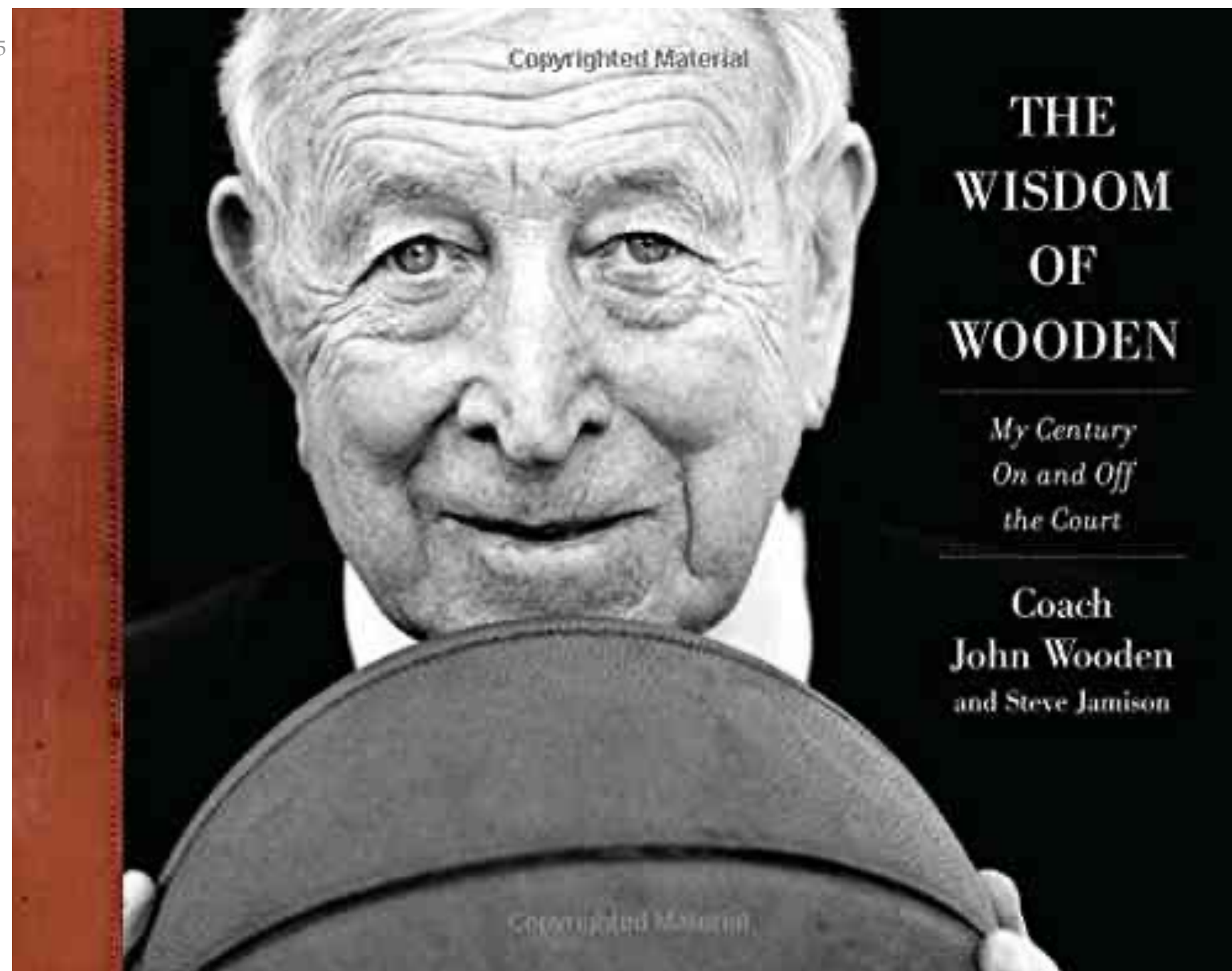


Defining Teams in Healthcare

1. A clear and inspired **common sense of purpose driven** to excellence +improvement
2. **Deep and abiding respect** among **all** team members
3. A **system of value-added processes** driving to excellence and innovation
4. A **culture which celebrates team success, with coaching, mentoring and mutual accountability**

Culture of Team Success + Coaching and Mentoring= Mutual Accountability

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What are the biggest teamwork issues?

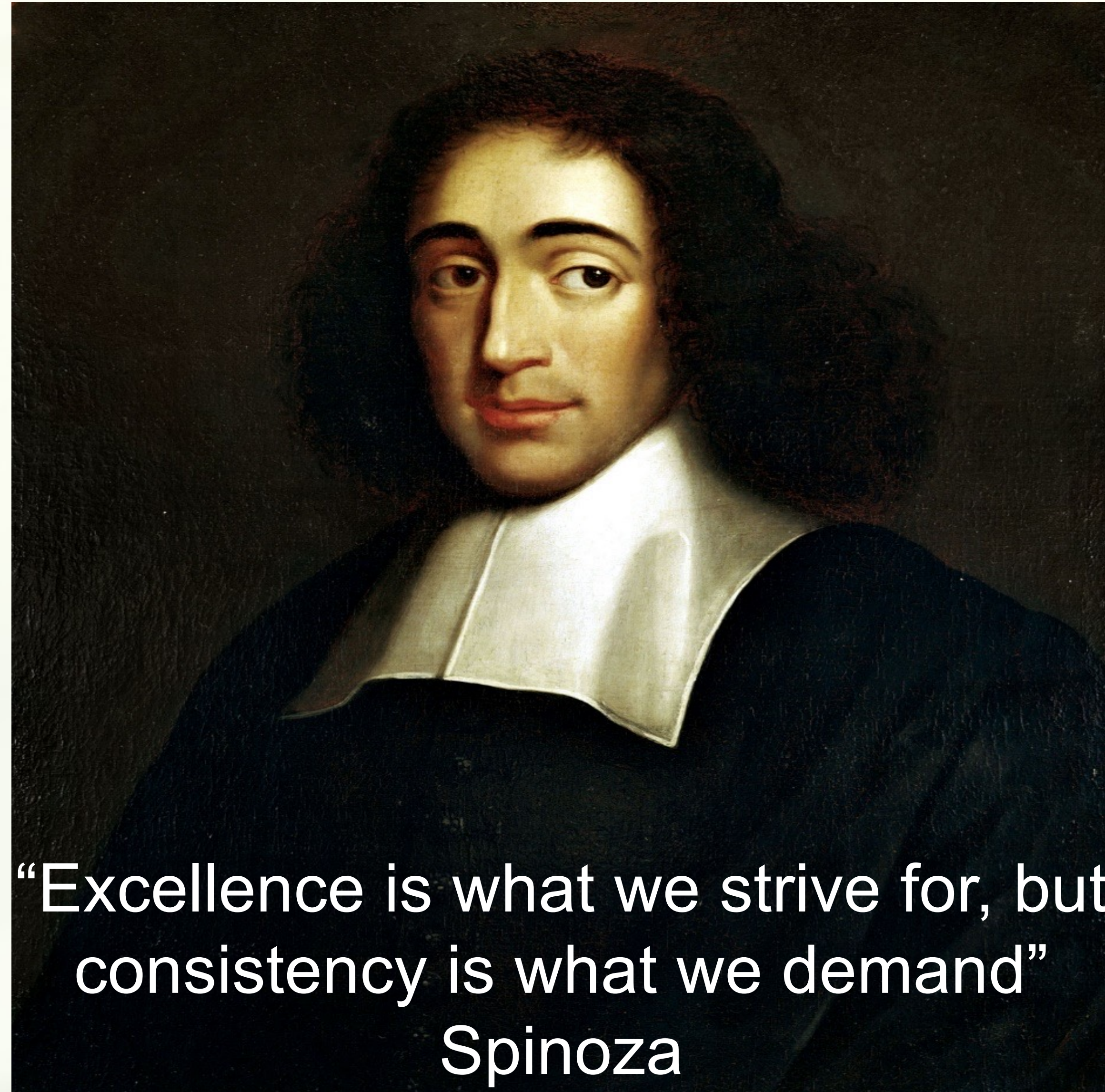
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Biggest Teamwork Problems Nurses Only!

Biggest Problems-Nurses Perspective

- Workforce Staffing-Staff Shortage
- Lack of teamwork
- Lack of collaboration
- Lack of appreciation
- Critical thinking skills underutilized
- Too much charting
- Too little experience in new hires
- Lack of accountability for results
- “Dr. Smith does it this way, Dr. Jones does it another way, and Dr. Rose does it a 3rd way...”



“Excellence is what we strive for, but
consistency is what we demand”
Spinoza

Biggest Teamwork Issues Docs Only !

Biggest Problems-Doc's Perspective

- Boarders
- Nursing shortage
- Newer, less experienced nurses
- Malpractice Risk
- Medical Staff are “free range chickens”
- Hospitalists are toads
- Administration doesn't care-make do with what you have!
- We are held accountable for a system over which we have no control

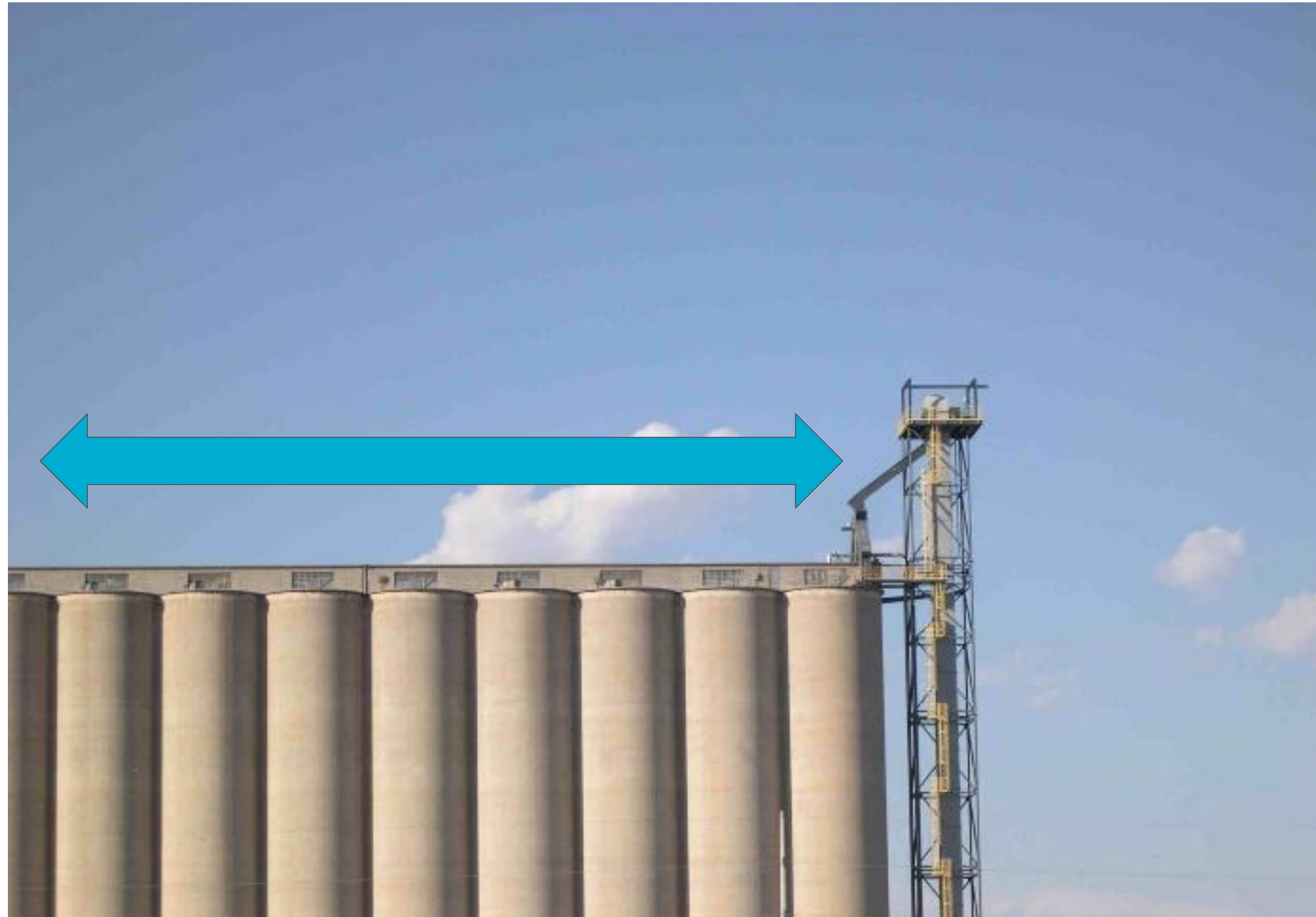
The 10 Tools of Team Work



1. The Seams of the Team-Eliminating Silos
2. Make the Patient Part of the Team
3. Hire Right!
4. Dyad/ Triad Leadership
5. Anticipation-Call an Audible

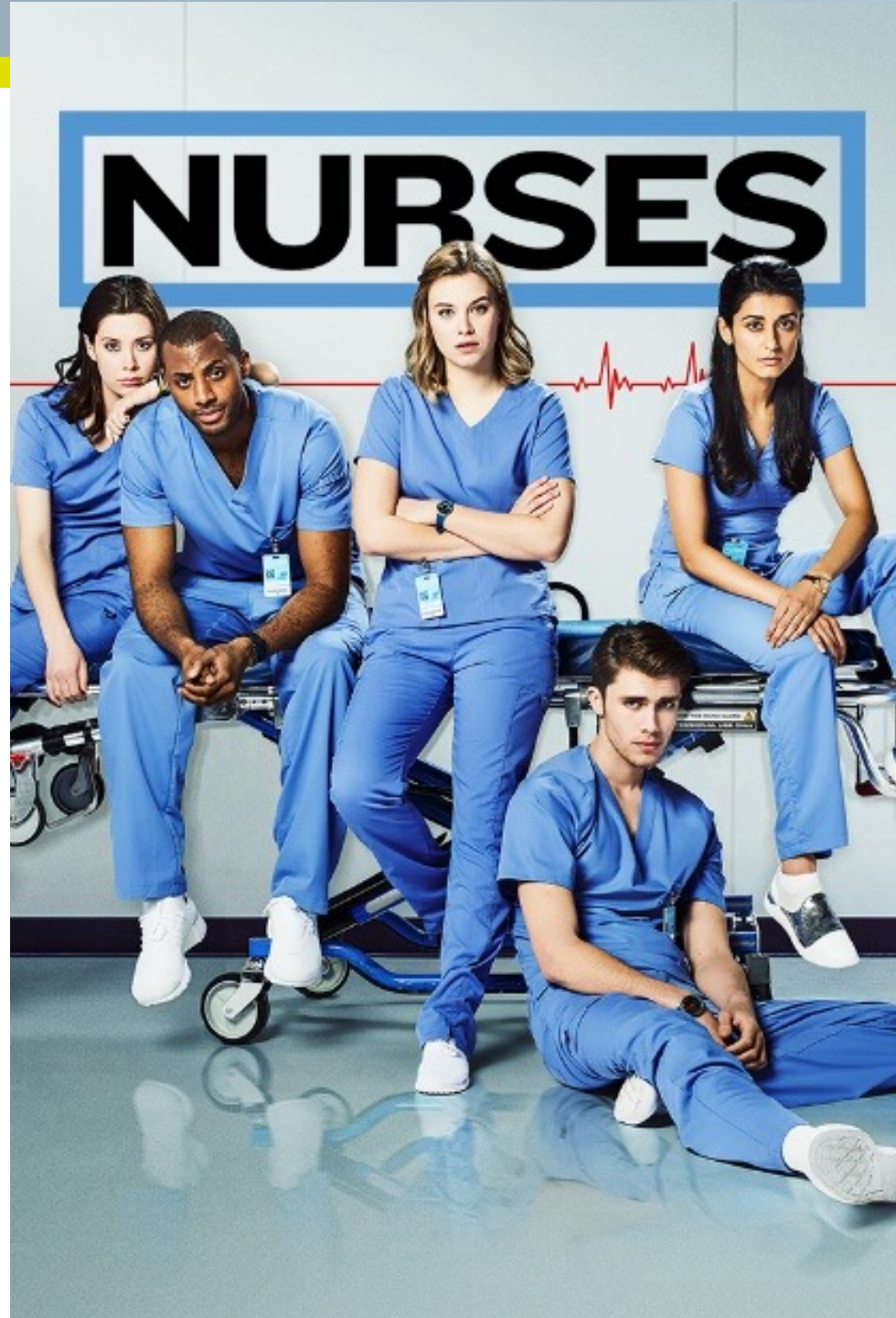
Tool # 1-The Seams of the Team = Connecting Silos

Words on the Walls vs. Happenings in the Halls



It's a Team Sport!

Assumptions vs. Reality-Say Team vs. Play Team



Tool # 2-Making the Patient a Part of the Team



- **Moving from...to...**
- From...“What’s the *matter with you?*”
- To...“What *matters to you?*”
- **This moves patient from being**
- *Recipients* of their care to...
- *Participants* in their care
- **Nothing About You Without You**
- Our pledge to every patient, every time
- Our pledge to ourselves and our teams

The Language of Making the Patient a Part of the Team

“Mrs. Jones, Shelley and I are leading a team of dedicated people who are here to serve you. But you are the most important member of our team. We want to keep you fully informed of every aspect of your care, so please let us know when you have any questions at any time.”

Tool # 3- Hire Right!

The Most Expensive Decision You Make

Ask Their Previous Job...

- “Tell me about this person’s teamwork skills?”
- “Give me an example of their teamwork.”
- How does this person make others on the team feel?”
- “What’s the nurses’ facial expression when they see this Doc’s name on the schedule?”

Build Teamwork into Interview

- “How important is teamwork to you?”
- “We believe in teamwork-can you commit to that?”
- “Give me an example of how you went above and beyond for your team.”
- “How do you make the patient a part of the team?”
- “What’s the worst thing we are going to hear about you and from whom will we hear it?”

Tool # 4-“Dyads”-“Who’s in Charge?” “We Are!”

Physician-Nurse Leadership Teams



Physician Leader

- Trust with Medical Staff
- Strong EBM Guideline Basis
- Investment in Doc Success
- Clinical Innovation
- Doc Behaviors/Accountability
- Managing Doc Productivity
- Commitment to the Patient



Nurse Leader

- Trust with Nursing and Team
- Extends EBM to the Team
- Investment in Nursing Success
- Supply Chain
- Expense Management
- Inpatient Bed Management
- Commitment to the Patients

All Language Has Meaning



Traditional Model Language

- “That’s not a Doc problem, that’s a nursing problem.”
- “Ask the Charge Nurse.”
- “The Doc PE scores are fine.”
- “What were you *thinking?*”
- “We’re 2 nurses down!”

“Dyad” Model Language

- “It’s *our* problem if it’s a patient problem.”
- “Time for a Clinical Huddle.”
- “Let’s work together on this.”
- “Could I talk with you privately for a second.”
- “We’re down 2, but not out. Time to change to the processes we worked out for this issue.”

Tool # 5-Sir Alex Ferguson Anticipation-Surprise

“I don’t think many people fully understand the power of observing. I came to see observation as a critical part of my management skills. The ability to see things is key-or, more specifically, the ability to see things you didn’t expect to see.”



Be Ready to “Call an Audible”



Tool # 6-What do Clinical Huddles Do?

- Create shared mental models
- Identify bottlenecks
- Assign clear accountability
- Identify opportunities to leverage flow
- Parallel vs. sequential processing
- Creates hope



Shared Mental Models



- Hop to Gun King
- Trips Right
- Tear 52 Sway
- All Go Special
- X Shallow Cross
- H Wide
- fMRI images identical

Effective Clinical Huddles



Where Are We?

Number of patients

Acuity of patients

and type of beds

Boarders

Nurses/techs

Do we have what we need?

Bottlenecks

Deploying what we have (DCM)

Questions for the Huddles

- Where is this patient on their journey? (Family?)
- Where are the constraints/bottlenecks/ rate-limiting steps?
- How and who will eliminate those steps?
- Make an educated estimate of time (The more you do it, the better you get...)
- Are they “vertical” enough to come out of the room?
- Admission Anticipation
- What’s the Waiting Room look like?
- What’s the “Play”? (And everyone’s role?)

Why do people resist huddles?

- They fear something new (Change vs. Being Changed)
- “It’s just Kum-ba-yah!”
- “Forced intimacy”
- Exposes what you are (or aren’t) thinking
- Who leads the huddle and why?



Tool # 7-Empowerment

- No one has ever gotten teams or any other aspect of leading right...
- Without Empowerment!
- The people providing the service have the ability to change whatever is necessary to exceed expectations
- Are You Empowered?
- Thick vs. Thin Rulebook, Wide Corridors for Success
- Hardwiring Flow = “We Suite” not C-Suite

Tool # 8-Value-Added Variation

You Must Have Different Processes for Different Times

Direct to Room

Advanced Triage/Rx

Team Triage

Mid-level in Triage

UltraTrack

Results Waiting Room

Be a Bed Ahead

Boarder Patrol



Tool # 9- The 5 Demand-Capacity ?s

How Could We *Possibly* Be Surprised?

1. Who is coming?
2. When are they coming?
3. What are they going to need?
4. Are we going to have it?
5. What will we do if we don't?



Tool # 10-Communication

Do you **always** communicate well?

- The Language of Thanks
- SBAR
- Clinical Huddles
- Call Backs and Call Downs
- 2 Challenge Rule
- CUS or Red Rules
- Handoffs (IPASSTHEBATON or other?)
- Near-Miss Database
- After Action Reviews
- Speak as if you were right, listen as if you were wrong

Building a Powerful Team-The “C-Suite”

- Align strategic incentives.
- Define success –and its metrics
- Meet frequently-use time judiciously
- The power of the carbon copy, email, voice mail
- Frame questions cautiously
- Understand the language, philosophy, strategies
- Inform them of problems prospectively
- Public praise, private problems
- Be responsive
- If it's an ED problem, it's your problem
- From the C-Suite to the “We Suite”



What to Do When the Team Breaks Down

1. Look for the “Seams of the Team!”
2. Move to the Other Side-state the problem from the other team members perspective
3. Rekindling Team Spirit by Returning to Core Values
4. Look for outliers who “won’t play”



Thank You!
Questions?
Comments?
Pushback?

Defining Teams in Healthcare



- A clear and inspired **common sense of purpose** with a commitment to excellence and improvement at the forefront that the team members have helped shape
- **Deep and abiding respect** among team members for the unique roles and talents each brings to the endeavor, as well as a genuine appreciation for the contributions of others
- A **system of value-added processes** designed to accomplish clearly defined goals, which are capable of revision and improvement over time
- A **culture which celebrates team success, while coaching and mentoring** members whose performance needs improvement through a system of mutual accountability

Clear and Inspired Common Sense of Purpose Shared by Team Members



- 45 ■ Clear Vision (Why we exist), Mission (What we are trying to do), Values and Strategies (How we are going to do it)
- Commitment to Excellence-Patient First
- Culture of Teamwork
- Culture of Constant Improvement
- Culture of Coaching and Mentoring

Defining Teams in Healthcare

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Deep Respect Among All Team Members with Unique Roles and Responsibilities

- Every team member contributes to excellent outcomes
- There are no unimportant team members-If there are, eliminate those positions (Lean-add value, eliminate waste/non-value-added)
- Each person knows what is expected of them and...
- What is expected of others on the team (The leadership role is non-delegable)
- The “playbook” changes depending upon the circumstances and demands of the moment
- Situational awareness and capability to adapt for the good of the patient and the good of the team

Deep Respect Among All Team Members



Do the language and behaviors say “Team!”?

- 48 ■ Service transitions are handled in a positive and proactive fashion (Sign-out rounds, Leading/managing up)
- “Janice will be your primary nurse-she is one of the best!” vs.
- “Have a seat-someone will call you.”
- Do you select the triage nurse for service skills?
- Dr. Jim Adams example
- Say “Thank you!” 50 times a day

Defining Teams in Healthcare



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- **Deep and abiding respect** among team members
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A System of Value-Added Processes



- Hardwiring Flow
- Stop Doing “Stupid Stuff”- Decreasing Waste
- Start Doing “Smart Stuff”-Increasing Value
- Send a Signal of Hope
- Reverse the Jump

Value-Added Variation

You Must Have Different Processes for Different Times

- Direct to Room
- Advanced Triage/Rx
- Team Triage
- Mid-level in Triage
- UltraTrack
- Results Waiting Room



Defining Teams in Healthcare



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- **Common sense of purpose** that the team members have helped shape
- **Deep and abiding respect** among team members
- A **system of value-added processes**
- A **culture which celebrates team success, while coaching and mentoring** members whose performance needs improvement through a system of **mutual accountability**

Critical Thinking Skills



- ⁵³ • Critical thinking is a set of skills which are used to process information, generate beliefs and then to make decisions.
- Critical thinking is a mental process using reasoning and analysis to shape behavior and to make sound judgments and choices.
- Using critical thinking skills, one can take control of the thinking process and situation to make the best choices.
- Answering any open ended question requires critical thinking skills to analyze information and formulate a response

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Critical Thinking Skills

Journal of Nursing Ed

2000: 39, 352-359

1. Analyzing
2. Applying Standards
3. Discriminating
4. Information Seeking
5. Logical Reasoning
6. Predicting
7. Transforming Knowledge

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Thank you

Thom Mayer, MD, FACEP, FAAP, FACHE

Executive Vice President of Leadership, LogixHealth

Medical Director, NFL Players Association

Founder, Best Practices, Inc.

Senior Lecturing Fellow, Duke University

tmayer@logixhealth.com