CONSULTATION WITH HEALTH PROFESSIONALS AND ADMINISTRATORS:

REGARDING TEAMWORK AND COMMUNICATION

September 22, 2010

Prepared for:

Canadian Patient Safety Institute

TABLE OF CONTENTS

EXECUTIVE SUMMARY

This research, which involved key informant interviews with 25 health professionals and administrators, is part of a larger study being undertaken by the Canadian Patient Safety Institute (CPSI). The interviews were conducted with CEOs, physicians, educators, frontline workers, and patient safety representatives of various health care organizations from across the country. The focus of these interviews was on the issue of teamwork and communication as it relates to patient safety.

Interest in teamwork/communication

The vast majority of those interviewed report that they are very familiar with the concept of teamwork and communication as it applies to patient safety. These key informants report that poor communication and teamwork often is the root cause of patient safety incidents. Indeed, many admitted to such incidents occurring in their organization. Key informants point to the fact that health care is team-based and that research demonstrates effective teamwork and communication can reduce negative patient incidents. Some report their organizations have already identified teamwork and communication as an area of improvement. In a few cases, it is argued that the concept of effective teamwork and communication goes beyond health care providers and should include patients and patients' families.

Almost all interviewed say it is very important for their organization to implement strategies to support effective teamwork and communication as it applies to patient safety. Most commonly, participants told us that it is important for their organization to implement strategies because it needs to improve in this regard. It is also argued that organizations must improve because at its heart, health care is about patient safety. Again, several report that their organizations have recognized the importance of this issue and have taken steps to implement such strategies. Almost all key informants report that their organization is currently very interested in effective teamwork and communication strategies that support safe patient care.

Will to implement strategies

Many key informants report that their organizations have programs and tools designed to improve teamwork and communication. However, only some appear to have programs that focus on teamwork and communication as it relates to patient safety. Most programs and tools appear to be broadly focused, are not consistently applied across departments, and involve only some types of staff.

The most commonly mentioned program is Situation-Background-Assessment-Recommendation (SBAR), which is used alone or with other tools, and is often utilized in specific areas; not universally throughout organizations. CHAT, Huddles, and Managing Obstetrical Risk Efficiently (MORE^{OB}) were also mentioned by more than one key informant as tools that are used in their organizations. Others mention such programs or tools as GPA, Areomed Course, ED PIP, leadership walkabouts, safety briefings, checklists, briefings, debriefings, Building a Better Tomorrow and MY Leadership. Key informants mention a more wide-ranging list of programs or tools that incorporate elements for improving teamwork and communication, but which are not necessarily related to patient safety.

In spite of the fact that most organizations appear to have implemented some type of teamwork and communication training, the vast majority report that their organizations would be very receptive to receiving additional strategies or supports it this area. However, many also say that while their organizations would be receptive, implementation would depend on the strategies offered.

Most believe that there is leadership within their organization which would support this sort of initiative. However, many qualified this saying that, while there are designated leaders in this area, they are concerned that these leaders do not have the resources or time to champion a new initiative.

Alignment and capacity

Most key informants report that a structured teamwork training program would fit into their organizations' planning and current set of priorities. In many cases, this is a stated priority within their organization. For others, it is a fit, although it was not formally identified or recognized. In these cases, it is often that patient safety has been identified as a priority, but the link is not made to effective teamwork and communication. Importantly, most believe that it would not be seen as a new competing priority, but rather as complementing other priorities already identified. However, other key informants do not see it this way, saying that something new would compete with existing priorities. Regardless, many identified challenges that such a training program would face, including staff who already believe they communicate and work as team well, and staff that are disengaged because of the plethora of new initiatives imposed on them. For some, the fit would depend on the program offered.

Factors that would contribute to the implementation of effective teamwork and communication strategies within their organization and the barriers that might prevent their implementation are mirror images. Key informants told us that these would contribute to or block the implementation: the availability of a leader or champion, resources (mostly staff time), and staff buy-in. As well, the success of the implementation would depend on the delivery method and the program itself. Informants indicate the program and training methods would have to be flexible, adaptable, and easily integrated into existing training to be adopted. Not only are the needs of each organization often distinct, but even within organizations the needs vary across units and departments, and among staff at different levels.

Organizations' cultures embrace concept

Asked to think about the culture within their organization, most think it is likely that their organizations would embrace the concept of teamwork and communication training and support. However, participants are split with about half saying their organization is very likely, and the other half saying it is somewhat likely to embrace the concept.

Informants who report that their organizations would embrace the concept say they have already recognized the importance of teamwork and communication, or at least, the importance of initiatives that improve patient safety. Those who are more reluctant report that the organization culture is not uniform and the degree to which they embrace the concept will depend on the unit or department, discipline, and staff level.

Delivery model

The appropriate person to engage these organizations about strategies to improve teamwork and communication depends on the organization itself; its size, geographic coverage, and existing positions. As such, there is no single position that is most appropriate; it varies by organization. However, for smaller organizations it might be the CEO, while in larger organizations it is the senior individual responsible for Quality, Risk Management or Patient Safety. Depending on the size of the organization, this may be a Vice-President, CNO, or middle manager.

Most often it is recommended that the initial contact should be made by email, but it should be followed-up by telephone. Others suggest contacting different individuals within an organization until one is found that will champion it. Still others suggest that CPSI should raise awareness through more promotion (e.g., conferences) even before they begin contacting organizations.

Conclusion

Based on these interviews, it would appear that most organizations recognize the importance of teamwork and communication in regards to patient safety – even if this concept has not been explicitly identified as a priority or even articulated as a strategy. As a result, most organizations are interested in strategies around teamwork and communication and are receptive to training that would assist in this regard. However, most are also realistic that while their organization wants the best for patients, competing priorities, limited resources, staff acceptance, and more generally organizational culture are barriers to implementing any such strategies.

To increase the chances that such a program would not only be adopted but would succeed, such a strategy should: be designed for health care organizations; be adaptable and flexible to a variety of work environments, disciplines, staff levels, and organizational cultures; be able to be integrated into existing programs and training; provide evidence of outcomes; and, be championed or lead from within the organization.

1.0 Introduction

As part of a larger study, the Canadian Patient Safety Institute (CPSI) engaged PRA Inc. to conduct key informant interviews with health professionals and administers to understand issues of teamwork and communication as they relate to patient safety.

Since a lack of teamwork and communication are often at the root of many patient safety outcomes, CPSI wanted to answer these broad questions:

- What is the interest in teamwork and communication among health care organizaitons?
- How strong is the will within organizations for teamwork and communication programs and tools?
- How would training on teamwork and communication, as it pertains to patient safety, align with the organizations' current state?
- What is the capacity within organizations for such an initiative?
- What delivery model would work best for these organizations?

For purposes of this study, teamwork was defined as, *"the interaction or relationship of two or more health professionals who work interdependently to provide care for patients. Teamwork means members of the team:*

- *are mutually dependent;*
- *see themselves as working collaboratively for patient-centred care;*
- *benefit from working collaboratively to provide patient care:*
- *share information which may lead to shared decision-making; and,*
- *know when teamwork should be used to optimize patient-centred care."*[1]

1.1 Methodology

In order to collect a range of opinions on the issues to be discussed, CPSI developed a list of potential key informants representing a variety of types of health organizations (e.g., hospitals, nursing homes, health regions, etc.) as well as individuals with different responsibilities within these organizations (e.g., CEOs, managers, physicians, educators, and frontline staff).

CPSI provided a list of 111 individuals, of which 82 had usable contact information. CPSI divided the list into three categories based on priority. We first attempted to contact all those in the highest priority category (Priority 1). Only after multiple attempts to set up interviews with these individuals did we replace them with individuals from Priority groups 2 and 3. We attempted to contact all individuals in Priority 2 and a sample of those in Priority 3.

[1] Oandasan, I., Baker, G.R., Barker, K., Cosco, C., D'Amour, D. Jones, J., …Way, D. (2006, June). *Teamwork in Healthcare: Promoting Effective Teamwork in Healthcare in Canada.* Ottawa, ON: Canadian Health Services Research Foundation.

PRA contacted potential participants by emailing each a letter from CPSI and a list of the questions to be asked. PRA then followed up by telephone to further explain the purpose of the research and to set up a time to conduct a one-on-one interview by telephone. Included in the material to ensure participants understood what we meant by teamwork, we supplied them with the above definition. In total, 45 emails were distributed, and we were able to contact and complete interviews with 25 potential participants. Some others we spoke to refused saying they did not know enough or were new to their organization. A couple of individuals, who had initially agreed to participate, were not available at the time set and we were unable to find a suitable alternative time.

Table 1 summarizes the sample provided and those interviewed

Table 1: Contacts		
	Sample	**Interviewed**
Priority 1	19	11
Priority 2	2	2
Priority 3	71	12
Total	92	25

Table 2 shows the positions of those interviewed. We spoke to individuals at different levels within these organizations, from CEOs to frontline staff.

Table 2: Positions of participants	
Position	**n**
Patient Safety/Quality Improvement/Risk Management	7
CEOs	5
Frontline staff (nursing, pharmacy, allied health professionals)	4
Managers/directors	4
Educators	3
Physicians	2
Total	25

The 25 key informants who participated in this research were located in eight provinces and one territory. Interviews were conducted between August 5 and September 8, 2010. Each interview took about half an hour on average, and participants were sent a $25 gift card for their time.

Although these interviews involve a variety of professionals, they cannot be said to be representative of the health care provider population. As such, these findings should be considered directional only and should not be extrapolated to the population as a whole.

2.0 Interest in teamwork/communication

We began each interview with a discussion of familiarity with, and interest in, teamwork and communication as it applies to patient safety.

2.1 Impact of teamwork on patient safety

The vast majority of those interviewed report that they are very familiar with the concept of teamwork and communication as it applies to patient safety. Some are only somewhat familiar, and a few say that, while they are personally familiar with the concept, they believe their organization is not.

Asked how effective teamwork and communication impacts patient safety, participants told us:

- **Poor communication/teamwork results in poor patient safety**. While we asked what impact effective teamwork and communication has on patient safety, many answered the reverse saying poor communication or "*miscommunication*" is the "*cause,*" or is "*responsible for*" adverse outcomes in patient safety. Indeed, some admit their institution has experienced patient safety incidents caused by "*inadequate communication."* Another says her organization has experienced "*incorrect medial dosages*" due to communication breakdown. More generally, participants believe that, "*not acting as a team means that patient safety suffers*." As one CEO explains, "*you cannot work as an individual practitioner*" because health care is "*a team-based industry*."

- **Effective teamwork/communication improves patient safety.** Most key informants believe effective teamwork and communication improves patient safety. Some explain that effective teamwork and communication has a positive impact on patient safety. They also say that the care planning process in general as well as staff safety have an impact. Several informants pointed to research demonstrating that effective communication and teamwork are the "*corner stone of patient safety."* It is suggested that even without any training, making staff aware of the importance of teamwork and communication as it relates to patient safety results in staff incorporating positive behaviours. Simply by informing staff of the importance of the notion will make them "*more likely to see it and respond to it*." It is thought that it has a major impact on patient safety outcomes, effective teamwork and communication also makes "*the whole healthcare system work more efficiently*."

- **Communication/Teamwork is a challenge.** While almost all participants recognize the importance of effective communication/teamwork, many also report that it presents a challenge for their organization. As one participant states, "*Communication is one of our largest challenges."* It is not that staff do not want to do what is best for patients, but organizational culture, lack of training, and the nature of the health care, make it challenging. As one participant explains, it is difficult coordinating all members of a patient care team because the members of the team are not always the same. Some say it is difficult because teams are constantly changing, making teamwork and communication even more important. Others say the challenge is workplace culture, and that for staff to communicate they need to feel comfortable doing so. Similarly, it is observed that while

teamwork and communication are recognized as very important at the senior levels; that feeling has not permeated down to the frontline staff. An educator noted that information differences between physicians and nurses contribute to miscommunication. It is said that physicians tend to have top line information while nurses have the full story. "*This sometimes puts a communication barrier in place so that the physician doesn't understand what the problem is…"* Indeed, at least one informant says that some physicians are a barrier to effective teamwork, since they tend not to be open to advice or sharing information with others. Another participant notes that while most of the staff communicate well together, they do not know the "*underlying concepts*" that would ensure that important information is consistently communicated. In some areas teamwork and communication are integrated into the culture while in other areas it is not naturally integrated. For example, the importance of effective teamwork and communication is more easily understood by staff in particular areas (such as critical care or operating rooms), but because it is more difficult define in other settings, it is not as readily adopted in areas such as sub-acute medicine, long-term care, home care and primary care.

- **Their organization has taken steps.** Some explained that the importance of teamwork and communication is reflected in the fact that they are always trying to improve it. Some mentioned specific activities already implemented to improve teamwork and communication, including transfer medication reports, medication reconciliation at discharge, written shift reporting, and fall assessments.

- **Effective communication extends beyond health care team.** Some mention that effective communication includes communication not only among the medical team, but with the patient and the patient's family.

While some see the terms communication and teamwork as almost interchangeable, others see one resulting from the other. Some say that effective communication leads to teamwork, while others see teamwork leading to effective communication. As one informant notes, "*Communication can only occur in an environment of teamwork."* While this may simply be semantics, it also may reflect on the corporate culture of the organizations involved. As one participant says, teamwork and communication is about being "*all on the same page."*

2.2 Importance of implementing communication strategies

Almost all say that it is very important for their organization to implement strategies to support effective teamwork and communication as it applies to patient safety. Those who did not, say it is because they do not know how important it is to their organization.

Asked why it was important to implement such strategies, many key informants feel it is self-evident, since patient safety is at the heart of all health care. Others say it is important because the organization needs to improve.

- **Organization needs to improve.** Most commonly, participants told us that it is important for their organization to implement strategies because the organization needs to improve teamwork and communication as it applies to patient safety. Some report that they are aware of specific problems (e.g., "*shift work communication*" is problematic) or they have had experience with the results of poor communication (e.g., adverse outcome with medication due to communication breakdown). Some explain that their organizations have recognized the problem and they are discussing or have implemented "*various strategies.*" One says communication and teamwork is built into a number of current initiatives, while another says her organization is taking concrete steps (i.e., "*we are redoing our communication tool as a transfer care tool*)." While some report their organizations have "*made great strides*," others report that there has only recently been buy-in among some senior staff and physicians. More generally, participants report that they are "*always looking for strategies* [with which] *to improve*." This was especially the case with informants in positions related directly to quality management and patient safety. They mention that they are continually searching for strategies to improve teamwork, communication, and patient safety.

- **Health care is about patient safety.** Other participants, mainly CEOs, spoke more philosophically about patient safety being a health care organization's highest priority. They report that, "*our organization's purpose is patient safety*;" "*we need to do everything we can to keep (patients) safe*;" "*our job is quality care*;" or "*we are always striving to create a safe patient environment*," which includes a "*culture of teamwork and communication*." However, many of these informants point to the need for an overall strategy related to effective teamwork and communication.

- **Taking action that demonstrates the importance.** A few participants mentioned activities they believe demonstrate such strategies are important to their organization. They say patient safety has been recognized as, "*a separate and important issue to address*" and as an important symbolic gesture they renamed their Risk Management Department to the Risk Management and Patient Safety Department. Another pointed to having a pilot project on medication reconciliation. Still another reports that her organization has been emphasizing the importance of communication in specific training and regular practice.

2.3 Interest in strategies

Almost all key informants report their organization is very interested in effective teamwork and communication strategies to support safe patient care. The remainder says their organization is somewhat interested.

- **Have implemented strategies.** Many participants report their interest in such strategies is reflected in the initiatives undertaken or planned by their organizations. (Some of which are mentioned above in 2.2).

- **Outcomes require interest.** These participants report that their organizations recognize that effective teamwork and communication is essential to patient safety. They reiterate that: without effective teamwork and communication patients and staff suffer, it is the best way to fix or mitigate any gaps in the system, and the breakdown in teamwork and communication is almost always at the root of patient errors.

- **Accreditation**. Some participants mention that their organization has received, or is working towards, accreditation through Accreditation Canada. These participants report that their organization is interested in effective teamwork and communication strategies that support safe patient care as patient safety is an integral component of the accreditation program.

- **Interested but not sure the will exists.** These participants report a natural interest in improvements that results in greater patient safety, but say it is difficult to translate this interest into action. They note that day-to-day activities often distract from implementing new and better practices, or that logistics, details, and costs can delay adoption. Further, internal organizational culture can result in adoption by senior management, but less enthusiasm among frontline staff. Similarly, a few say that due to the nature of their organization (multiple sites with different cultures, remote locations) implementing any new strategy can be a challenge.

3.0 Will within the organization

As we have seen above, participants recognize the importance of teamwork and communication, but know that they face challenges to implement such programs.

3.1 Dedicated programs or tools

While many informants report having programs and/or tools dedicated within their organization to improve teamwork and communication, few appear to have stand-alone programs that focus on teamwork and communication or training programs that incorporate elements on improving teamwork and communication. Even those that do suggest they are often focused too broadly (not necessarily exclusively patient on safety), are not consistently applied, or involve only some staff.

The stand-alone programs as identified by informants are shown in Table 3. The most commonly mentioned is Situation-Background-Assessment-Recommendation (SBAR), which is used alone or with other tools, and most often utilized in specific areas and not universally within the organizations. CHAT, Huddles, and Managing Obstetrical Risk Efficiently (MORE^{OB}) were also mentioned by more than one key informant as stand alone tools used in their organizations.

Although we asked about training programs or tools that are stand-alone, some of those mentioned are not strictly focused on teamwork/communication, but have these elements as components. Like SBAR, most of these programs or tools tend to be department specific or unit specific and not used throughout the organization.

Table 3: Stand-alone training programs/tools	
Program/tools	**Comments**
SBAR	Half a dozen participants report using SBAR and as such, it is the most common tool/program mentioned. In one case, at the time of the interview, its use was planned in the near future, but not yet implemented. In several cases, SBAR is used with other tools (see below). In a couple of cases, SBAR is not used universally in their organization. One report is used in only one site and in another it is used only with two protocols.
CHAT	Two informants report using CHAT. In one case, it is used in two of sites (but not all) as part of MORE^{OB}.
MORE^{OB}	A couple mention using MORE^{OB} and that it is, of course, used only in obstetrics. "It manages obstetrical risk effectively. Primarily focuses on things like team work, communication, and human factors."
Huddles	One of those who mentioned using CHAT also reported using Huddles. Another mentioned Huddles once a month where each department head is responsible for having huddles in their department. The leadership team does the questions first and then takes it down to the frontline. The participant reported that the monthly themes tend to be patient and staff safety focused.
GPA	Gentle Persuasive Approach (GPA) was mentioned by one participant. This organization has an in-house trainer who teaches GPA every year.
Err omed Course	One organization mentioned this course. While it focuses on preventing errors in delivering healthcare, it also touches on various aspects of teamwork and communication.
ED PIP	One reports using Emergency Department Process Improvement Program (ED PIP) which has some programs that deal with teamwork and communication.
Leadership walkabouts Safety briefings	In addition to SBAR, one participant mentions using these tools as well.
Checklists Briefings Debriefings	One participant mentions that in addition to SBAR, her organization is using these tools; although this person comments that uptake has been variable and that these are simply stand-alone programs, not incorporated into an overall strategy.
Building a Better Tomorrow	Building a Better Tomorrow is from Health Canada and involves a teamwork-focused module. In the one organization using it, the program was run a few years ago, and is now being revitalized and will likely include similar training again.
MY Leadership	One organization has been actively using MY Leadership for 2 years. It involves an intensive program for all formal leaders but they have adapted it to apply to all employees. Parts of the program are focused on teamwork and communication.
Aviation program	Mentioned by one participant, it refers to the crucial confrontations programs. This individual said their organization targets many different types of education programs, including a leadership program devoted to inter-professionals.
Programs/tools are planned	Several participants discuss programs or tools that are planned or underway, if not yet implemented, including an organization that is revising its communication tool to a transfer of care tool. Another is planning an all-staff communication education event for the near future (focusing on maintaining communication in sensitive situations without causing confrontation). Yet another is launching an in-house program "next month."

Key informants mention a more wide-ranging list of programs or tools that incorporate elements for improving teamwork and communication.

- Most commonly, participants mention their organizations have implemented programs, tools, or training to monitor or ensure patient safety. These include such things as safety audits, written reports for transfer medication, shift reports, proactive identification reporting, discussion about patient safety, creation of a patient safety office, use of a Patient Safety Learning System (PSLS), LEAN initiatives, Safer Healthcare Now initiatives, and medication safety initiative.

- Other teamwork and communication programs and tools are also quite common but these are not necessarily focused on patient safety. Such programs may focus on only one group (leadership) or one area (inter-disciplinary). These programs and tools may focus on one aspect of communication (e.g., respect, conflict resolution). Several mention general programs, in-services, or workshops to help improve teamwork and communication but again, strictly focusing on patient safety.

- Several mentioned their organization provides leadership training, a component of which is about communication and teamwork.

- Several also indicate that new staff receive training, or at least an orientation that includes communication. One says all new staff receive a two-hour communication and patient safety workshop.

- One participant reports that her organization supplies no regular training on communication and teamwork.

Table 4: Training programs/tools that include teamwork and communication

Program/tools	Comments
Patient safety programs, tools, or practices	– Safety audits – Implemented things like transfer written reports for transfer medication, medication reconciliation at discharge and transfer, written shift reporting, fall assessment – Everyone in the building is trained on proactive identification reporting processes. It is also part of orientation for new staff. Also have annual reviews of incident identification and reporting processes. – We meet once a month to discuss patient safety. – We recently created the position of patient safety officer. – We have a PSLS (patient safety learning system). It is an instant online report. All those reports are seen by the patient safety coordinator. – Safe medication practices teams and safety officers. – Lean initiatives including a patient-first initiative involving people working in teams. Main focus is on patient care though eliminating waste. – Safety dialogues focusing on safety through multidisciplinary levels. – Annual patient safety plan, which includes audits of hand hygiene compliance, monitoring rates of infection, etc. Quarterly reports to board for any type of incident or near misses. – Four system-wide initiatives (infection control, care continuum transformation, care delivery model redesign, and staff safety and injury prevention. Not only about teamwork and communication but these concepts are built in. – Patient safety learning system with electronic reporting. – Safe Health Care Now initiatives used for surgical site infection, fall prevention, etc. That whole process is key to teamwork and communication. – Medication safety initiatives that are being developed, which are related to teamwork and accreditation culture.

Table 4: Training programs/tools that include teamwork and communication	
Program/tools	**Comments**
Teamwork/ communication but not necessarily regarding patient safety	– Professional practice infrastructure – training and ensuring people have the appropriate skills. Attempting to standardize training. Focus on teamwork and communication, especially for the leadership groups who have modules focused on these areas. – There is a focus on inter-professional practice. We have had some such learning, although not all targeted at patient safety. – Annual mandatory education on respectful communication for all staff. – Ad hoc opportunities related to communication and teamwork (there has not been a focused effort to improve our teamwork and communication). – We have a primary health care model under which there is training for teamwork and teambuilding. – Be Real campaign. Looks at educating staff on the rules of conduct when being part of a team. Looking at how to manage interdisciplinary conflict so that it is resolved within the team and generally to improve communication among team members. – Work with staff on a quarterly basis including reviewing guidelines for better communication. – No specific program but teamwork and communication elements in Lean training and Releasing Time to Care programs. – At all facilities we have in-service for staff during their working shifts. All of these in-services are related to teamwork and communication, with a focus on different themes each month. Also have workshops on effective organization and communication.
Leadership training	– Attending conferences and workshops on the topic. Many different types of education programs that are targeted. One of our leadership programs is devoted to inter-professionals. – Parts of leadership training are dedicated to teamwork and communication. It is addressed in the general orientation, employment assistance programs, and specific patient safety initiatives. – Some of our leadership programs include team-based tools and communication strategies. Actively promote all our middle managers and clinical leaders to go through this program. – Leadership program involves personalized learning plans that frequently include teamwork and communication.
New employee training/ orientation	– Safe Start orientation for new staff which focuses on teamwork and communication. – With changes in management we will bring in a facilitator to work on team building. – Started doing communication training with our staff as part of orientation for all new nurses. – Receive a two-hour Communication and Patient Safety Workshop.
Exceptional client experiences	– Aspects of training include integrating teamwork and communication strategies into client interaction models.
Other	– We have a nurse educator who does skills blitz twice a year. – CPA is offered as well. – Employee newsletter which includes a patient safety section. Employee bulletins. – Other training and coaching systems do feature elements of communication and teamwork.
No	– Regular training programs do not include teamwork/communication elements.

3.2 Receptive to additional strategies

The vast majority report that their organizations would be very receptive to receiving additional strategies or supports for teamwork and communication implementations. Several report that their organizations would be only somewhat receptive.

- **Already a priority for their organization.** Several participants stated that their organizations would be very receptive because patient safety is a priority. "*Our leadership team has prioritized patient safety and quality*" or that teamwork and communication "*are the main areas of focus in our Quality Improvement portfolio.*" Others stated that their organization is already implementing such strategies, but would be interested in new materials and new learning or opportunities to enhance skills. Still others say the organizations recognize the need, but need help with how to go about it. "*Our organization has a hunger for such tools. There is a willingness to start to try to implement something.*" "*We need help in this area and would like to tap into some expertise."*

- **General positive.** Many informants simply acknowledge that in general they would be open to such strategies or supports. They say they, "*could always use extra help*," "*welcome anything for improvemen*t," are "*always interested in something new to improve*" or are "*always looking at new ways to do programs."*

- **Receptive, but it depends.** Those who say their organization would be somewhat receptive (and even some who are very receptive) indicate that there are caveats. They note that their organization's receptivity depends on the "*nature of the strategy,*" including its structure, how it would be delivered, and the time it would take. Several others said that their organization would be, "*receptive in theory*" but it would depend on "*the cost*" or "*what the commitment is from our end.*" There were also questions as to what these strategies or supports might be, and whether they duplicate or complement programs or tools already being used.

- **Receptive, but should begin in university education.** A few participants mention that while they are receptive to receiving additional strategies and supports, they believe that teamwork and communication should be taught in university. Such teaching would ensure that individuals come into the profession with the tools to act effectively in these areas.

3.3 Leadership

Asked if there is leadership within their organization which would support this sort of initiative, most participants believe there is, although many qualified their answered.

- **There is leadership**. Several explicitly said that "*yes, there is leadership*" and identify the position who would provide it. Some say the leadership would come from a member of their senior management team (CEO, Vice-President, or other executive level personnel), senior person that deals with patient safety (e.g., Patient Safety Coordinator, Vice President of Quality and Planning, or Vice President of Risk Management and Patient Safety), senior staff development person, or shared among several people (e.g., CEO, Director of Surgery, and Director of Nursing). Others simply assume that there would be leadership within their organization, because it is, "*evident by the resources we have put into our system-wide initiatives*."

- **Leadership, but unsure of their ability to succeed**. Many participants could identify where the leadership within their organization should come from, but qualified their responses saying they did not have the time or resources to support and champion a new initiative. However, many of these same participants assumed that their leaders would manage somehow because teamwork and communication is so important.

- **Leadership would be challenging.** Similarly, several of the informants interviewed explicitly stated that within their organization, finding the leadership to support such an initiative would be challenging. One noted that they are a small organization and while they are receptive, it was unclear who would have the time or the inclination to "*wear the responsibility*." Another noted that a particular department would be responsible for training and education, but currently, "*their resources have been limited."*

4.0 Alignment and capacity

For an organization to adopt a teamwork and communication training program, it is assumed that it would have to fit within organizations' existing priorities and require limited resources.

4.1 Fit into organizations' planning/set of priorities

We asked our key informants whether a structured teamwork training program would fit into their organizations' planning and current set of priorities. Informants told us that such a program will:

- **Fit with stated priorities**. Many informants indicate that a structured training program will fit with their organization's planning and current set of priorities. A few indicate it will fit because they are already doing something similar, while others say it is articulated in their strategic plan or something that is currently being planned, or at least, discussed. Still others say that it has been discussed by their organization and is an, "*implicit priority that is recognized*." Some say it will fit because their organization is committed to education, and they believe that they could easily integrate a, "*well-structured program into their training*." However, this same key informant admitted that while teamwork is high priority in some departments, "*it is not an articulated priority elsewhere in the organization."*

- **Fit, but it is not articulated**. Many others say that while it is a priority, teamwork and communication has never been articulated as a priority and therefore, fitting in a structured teamwork training program may be challenging. While patient safety is always a priority, some report teamwork and communication have not been clearly linked to that priority. "*Teamwork and communication are not articulated in our strategic plan, but safety is*." Similarly, while teamwork and communication are not explicitly mentioned, they "*are considered an aspect that connects various outcomes*." It is said that this is not necessarily a problem, since a module on teamwork and communication may be easily introduced as a subcomponent of existing priorities. As one key informant explains, "*it does not feel like a completing priority, but just a part of what we do*." Another informant agrees saying that if teamwork and communication can be integrated as part of systems already in place, it will be more readily used and adopted. Again, for some, the fact that it is not a unique priority is an advantage. If it can be integrated into existing training it is more likely to be adopted than if it is a stand-alone activity. Since any new priority would have to compete with existing priorities, it is likely to lose out.

- **Competing with other priorities.** Similar to the above, many key informants say that while teamwork and communication is a priority, it is one among many. Even in cases where it has been identified as one of the top priorities, "*it is (still one) priority among many."* Another informant explicitly says that, of course patient safety is a priority, but it still competes with other priorities for attention and resources.

- **Depends on the program.** Similar to the previous point, several key informants note that how well teamwork and communication fits into current planning and priorities depends on the program offered. Several suggest that if it fits with existing priorities (e.g., patient safety, quality and safety, enabling staff communication, etc.) then it will be more likely adopted than if it is a stand-alone program.

- **Not necessarily a fit.** A few suggest that while they personally believe it is important, their organization has not articulated teamwork or communication as a priority. Therefore, they are unsure how it will fit with existing plans and priorities.

- **Face challenges**. Although it is a priority, health care workers already assume they know how to communicate and work as a team. As such, it is not only assumed to be a priority, it is believed that it is already done effectively. Other informants indicate that often communication and teamwork training is assumed to be unique for each area, and therefore, they do not believe universal staff training is effective. In fact, one informant states that is exactly what is needed. This person argued that what is really needed is training that provides all health workers with core competencies in teamwork and communication regarding patient safety that are transferrable to all settings. Another concern is that there is a risk that staff will see training on teamwork and communication as the "*flavour of the month.*" That is, certain approaches or methods are adopted, used for a while, and then abandoned. This approach tends to confuse staff, and results in general cynicism about the value of program training.

4.2 Factors contributing to and barriers of implementation

Asked what factors would contribute to the implementation of effective teamwork and communication strategies within their organization, key informants told us there would be several, including: leadership, staff buy-in, resources, and building on or integrating it with prior learning.

- **Leadership.** Many participants from all levels (including CEOs) said that leadership and support are keys to the implementation of effective teamwork and communication strategies. Leadership means a variety of things, including having someone champion such strategies within the organization. The champion may vary (e.g., a member of the management team, a physician), but his/her role would be to make it a priority throughout the organization, and even making it part of the organizational vision.

- **Resources.** Many participants also identify resourcing as essential to its success. Resources tend to refer to time, whether that be freeing up time for an individual to take on a leadership role or providing time for such training (especially backfilling frontline staff so they can take the training). The perception is that everyone is already very busy, and that strategies can only be implemented if resources are devoted to them.

- **Staff buy-in.** Key informants note that all staff want to do their jobs well and all are concerned about patient safety. As mentioned, many in health care workers already believe they know and practice teamwork and communication. Further, new programs or strategies are often viewed with suspicion. Thus, energy must be devoted to convincing staff that such training is worth the effort. (Some suggest demonstrating the benefits by

presenting research or cost-benefit studies would help.) If staff is not engaged, attending training may still not encourage them to implement what they have learned. Buy-in must exist at all levels of the organization from frontline staff to physicians to senior management. All must be open to taking the training and then using what they have learned in their jobs. One key informant also notes that staff must be given the opportunity to use what they have learned.

- **Method of delivery.** Many key informants report that the method of delivering the training is critical. The training must be flexible, addressing the needs of not only an organization, but departments or units within an organization. Further, it needs to be deliverable to all levels within the organization, and adaptable in terms of delivery time because of shift workers, and easily repeatable for new staff. It is suggested that training models that do not require all staff to attend and are easily repeatable (such as, train the trainer methods) are preferable. Some suggest that the training should be available on-line and/or have the ability to be broken into smaller modules. The training program must be adaptable to meet the idiosyncrasies of the organization; as one informant states of the training: *"customization is key."*

- **Applicable to organization**. Several informants say that to be implemented, the training would have to be directly applicable to the needs of health care organizations, and cannot simply be a program that is transplanted from other sectors. Others suggest that the training should build on what staff have already learned; thus, it should not try to replace, but enhance what staff are already doing.

- **Size of the organization**. A couple of informants believe the size of the organization can assist with implementation. They believe that training all staff in smaller organizations is relatively quick and straightforward.

The barriers or constraints to implementing training or other strategies to improve teamwork and communication skills in organizations, is the reverse of what we have seen above.

- **Limited resources.** *"Budget and time"* is the most common barrier or constraint to implementation strategies to improve teamwork and communication skills. Often, this refers to the fact that additional money would be needed to pay frontline staff and professionals for attending. However, several say that given that this is important "*we would find the money*."

- **Staff time.** Similarly, many specifically say that finding staff time is a challenge. This refers to both time for someone within the organization to lead an initiative and staff who are willing to attend the training. As one CEO says, "*It is very difficult to free people up to attend training sessions,"* partly because the position of the person who is away on training needs to be backfilled. Even when such resources are available, it is reported that managers are reluctant to allow staff to attend such training because there is always something more urgent to attend to.

- **Staff buy-in.** As mentioned above, staff need to be engaged by the training to succeed. As one educator notes, "*Staff would be receptive to training if the benefits are*

understood." Others say they have been "*overloaded with initiatives*," and "*staff will resist new practices,"* especially those that appear to add to their workload.

- **Training tools.** Several informants indicate that a barrier would be if the program does not fit the unique needs of their organization. As mentioned above, programs or tools need to be adaptable to the position, the level, and the setting. Others say it has to be inter-disciplinary, user-friendly, and clearly linked and integrated into existing strategies of patient safety and care.

- **Lack of leadership.** Several informants say they do not have leadership support for such an initiative, while others say their leaders are *"too stretched"* or disengaged (reactive rather than proactive).

- **Physicians**. A few participants say that physicians are a barrier. This is due to both perceived attitudes (getting them to participate more in the team) and practical matters (unlike staff, it is difficult to arrange for physicians to be reimbursed for their time).

- **Geographic barriers**. A few organizations say their biggest barrier is the geographic dispersion of its staff, making any initiative more difficult to implement, both in terms of engaging staff in all locations and cost.

- **Technological barriers.** A few organizations say that the integration of the training and strategies with their current technology would be a barrier. The communication which would result from the tools and strategies would need to be captured in their electronic systems.

4.3 Culture to embrace concept

Asked to think about the culture within their organization, most think it is likely that their organization would embrace the concept of teamwork and communication training/support. However, participants are split, with about half saying their organization is very likely, and the other half saying it is somewhat likely to embrace the concept. Among those interviewed, this division existed regardless of position (except for all frontline staff who say very likely, and all physicians who say only somewhat likely).

While most participants report that they believe that their organizational culture would be predisposed to embrace the concept of teamwork and communication training and support, many qualified their answers.

- **Would embrace**. Many key informants from all levels in organizations say that their culture would be open to and embrace such training and support. Some say that this is because they have a culture that is focused on patient safety. As one CEO says, patient safety is promoted, "*all the way from the Chief Executive down to the people cleaning the floor*." As such, is it in the "*bloodstream of the organization."* Similarly, others say their organizational culture has already embraced the concept, and this is evidenced by previous initiatives in the area or that they already perform similar training. One says this concept is already embraced by the administration and linked to their strategic plan.

Another says that they have a small engaged workforce with a "*common understanding that we are here for the patient.*"

- **Variable acceptance.** Many others say that they believe their workplace culture is such that it would be embraced, depending on a number of factors such as: the nature of the training, how it is implemented, the amount of time required, and the resources available. Some say that different cultures exist in different parts of the organization meaning that some would embrace it while others would hesitate. Similarly, individual personalities plan a role, with "*early adopters*" being quick to get on board. However, this person believed that "*over the period of a few years, everyone would adapt*."

- **Difference by discipline**. Several participants say that different disciplines within the organization would react differently. For example, one participant says that "*nurses would embrace it, but physicians would not*." Others say that senior executives would embrace it but others might be skeptical. This participant argued that it would be incumbent on the training to demonstrate the relevance to their work. Conversely, another says that specific disciplines know that it is relevant, but are too busy to attend any training.

- **No opportunity to embrace**. A few say that while the culture exists, resources are not available for such training. Thus, while teamwork and communication are valued in theory, there has been no action, giving the impression that in fact it is not part of the culture.

5.0 Delivery model

We investigated with key informants who in their organization to approach about strategies to improve teamwork and communication. It appears that there is no single position that is most appropriate, although most say it is the most senior individual responsible within the unit or the organization responsible.

5.1 Who to approach

Whoever the appropriate person is to first approach about engaging these organizations on strategies to improve teamwork and communication depends on the organization itself; its size, geographic coverage, and existing positions. As one informant explains, it will "*vary by institution*."

The most common suggestion is to target an individual (the more senior the better) who is responsible for quality, system performances, risk management, or patient safety. In some organizations, this would be the Vice-President, in others it would be an Executive Director or Managers. Several suggest the Chief Nursing Officer (CNO) is most appropriate (especially in smaller organizations) because this person is often responsible for patient safety.

The idea is that to be accepted, it first needs to be endorsed by those charged with the responsibility. Thus, this may mean first convincing the organizational representative who would then work the idea laterally (if there is a Vice-President) or up to the executive level (if from middle management). However, many others believe you need to start at the very top. To ensure buy-in, initial contact needs to be with senior executive officers, "*because if the CEO does not endorse it, it will not be implemented."*

A few see this as an educational issue and thus the first point of contact within the organization is suggested to be its educational department or the senior educator. Others see this as a human resources issue in the purview of the Professional Practice Office.

Table 5 shows the type of contact suggested, the reasons why, and the position of the key informant who made the suggestion. As this table demonstrates, the suggestion is less a function of the individual interviewed and more a function of the size and type of organization they represent.

Table 5: Method of approaching organization		
Contact	**Comments**	**Suggested by**
Quality office/ Patient safety office	– *Such initiatives should be brought to our RHA's quality office.*	CEO
	– *Initial contact should be to the CEO and the VP of quality and safety. However, this may vary by institution.*	Physician
	– *The quality and safety personnel may be the ideal first contact, who will then pass the message and their advice on to the relevant directors (especially nursing), who can formulate a clear project and address the CEO and board of directors. The CEO and board must deliver the message to the organization, declaring that these new practices are mandatory and indicating the benefits to patient safety. There should be no discussion about the value of teamwork improvements.*	Physician
	– *Initial contact should be directed to the director of patient safety and risk management.*	Educator
	– *The email should be directed to the QI and patient safety officer.*	Educator
	– *Email or phone contact to the VP of patient services, the CNO, or the Quality and Professional Practice leader on board.*	Educator
	– *The department of risk management and patient safety would be a good contact.*	Frontline
	– *Contacting the Quality Improvement Coordinator in our hospital by any means of contact.*	Patient Safety
	– *In the RHA, there needs to be both high level engagement as well as partnership with the Director of Quality and Improvement and Patient Safety, who would be implementing the initiative. By including the middle layer, the importance of the initiative can be communicated both up and down the organization.*	Patient Safety
	– *Contact by phone to the RHA's Quality and Risk Manager. Through the Manager of Quality and Risk the initiative would be communicated to the CEO and the Effective Organization Team.*	Patient Safety
	– *Email or phone contact to the Patient Safety portfolio, starting with the Executive Director and the senior medical officers, as well as quality support. Email or phone contact would be best.*	Patient Safety
	– *Contact with the Patient Safety Department or Quality Management Department. Also, CPSI has been offering a patient safety course for three years, they should use that master list of graduates and facilities to see how they would disseminate the program.*	Patient Safety
	– *Email or phone contact to get the VP of patient services, the CNO, or the Quality and Professional Practice leader on board.*	Educator
	– *If the focus is on patient safety specifically, it would be addressed to the Vice President of System Performance, Quality and Patient Safety.*	Patient Safety
CNO/ PPO	– *In a smaller institution the CNO carries the patient safety portfolio.*	CEO
	– *Email or phone contact to get the VP of patient services, the CNO, or the Quality and Professional Practice leader on board.*	Educator
	– *Initial contact through email to the Chief Nursing Officer.*	Frontline
	– *Initial contact should be through email to the professional practice office or CNO. We would then phone back if we were interested in following up.*	Frontline

Table 5: Method of approaching organization		
Contact	**Comments**	**Suggested by**
	– *Sending an email to the CNO.*	Manager
	– *An email to our professional practice office, Vice President, or Chief Nursing Officer.*	Frontline
CEO	– *It would have to be directed to the CEO because if the CEO does not endorse it, it will not be implemented because it is their budget.*	CEO
	– *In order to get administrative buy-in, the initiative should be through the CEO.*	CEO
	– *This initial contact should be to the CEO and the VP of Quality and Safety. However, this may vary by institution.*	Physician
	– *Initial contact should be with the CEO team as they will give leverage in the organization.*	Frontline
	– *It is best to make initial contact with the CEO as they have leverage within the organization.*	Managers
	– *Email as initial contact to the upper executives. From there, it would filter down through the various programs and executive directors.*	Frontline
Educational department/ Educator	– *The education department of our RHA should be contacted.*	CEO
	– *I would like to review the document, and then meet face to face with someone who would discuss the document further and how it could benefit the organization.*	Educator
HR	– *In our homecare center such an initiative would fall under the Director of Human Resources because it impacts the whole organization.*	Patient Safety
	– *From a perspective on leadership and communication as they affect all of healthcare, it would be addressed to the Vice President of People.*	Patient Safety
Other	– *No single method is enough. Initial contact should be to identify a point of contact within the organization who will develop a stakeholder group to examine the feasibility of the proposed program.*	Physician
	– *All means of communication should be exploited. The CPSI should promote awareness on the topic through a conference for example.*	CEO
	– *It is more of a systemic issue, no email or phone call would work because decision makers will not listen if they are not interested or do not believe it is relevant to them. Instead, the medical administration would have to address the physician community and require that they adopt teamwork and communication tools such as SBAR. A leader for physicians is required.*	Educator

5.2 How to approach

Most commonly, regardless of the position, an email is the first choice, often followed by a telephone call.

Some key informants suggest coupling more than one mode of communication as the most effective approach because written communication (email) can be distributed to key staff within the organization while phone communication distinguishes the strategy from other written communication and provides follow-up.

A few say that none of these methods alone is enough. One suggestion was that the organization would need to establish a stakeholders group through which training would be vetted and once approved, championed within the organization. Another key informant notes that physicians are a particularly difficult group to get buy-in from. Therefore, efforts would have to be made within the organization to get the medical administration to address the physician community and require them to adopt teamwork and communication tools. To do this, would require a leader for physicians. Still another suggests that not only would all means of communication within an organization be exploited, CPSI should promote awareness through conferences and other venues.

6.0 Conclusion

Based on these interviews, it appears that most organizations recognize the importance of teamwork and communication in regard to patient safety, even if this concept has not been explicitly identified as a priority or even articulated as a strategy. As a result, most organizations are interested in strategies around teamwork and communication and are receptive to training that would assist in this regard.

However, most are also realistic that while their organization wants the best for patients, competing priorities, limited resources, staff acceptance, and more generally organizational culture are barriers to implementing any such strategies.

To increase the chances that such a program would not only be adopted but would succeed, such a strategy should:

- Be designed for health care organizations. Programs that are simply transferred from one sector to another are less likely to succeed.
- Be adaptable and flexible to a variety of work environments, disciplines, staff levels, and organizational cultures. Adaptable includes teaching core concepts that are applicable to all settings. Flexible includes training that can be easily provided to staff who have little time and training that can be easily repeatable for new staff.
- Be able to be integrated into existing programs and training. Indeed, a program that appears to be a new priority is less likely to find acceptance as it must compete with existing priorities.
- Provide evidence of outcomes. In other words, provide practical examples that are applicable to those being trained, showing that adopting these behaviours will result in greater patient safety. Staff often needs to be convinced of the benefits of new training.
- Be championed or led from within the organization. The champion(s) is not necessarily the most senior person in the organization, but this person must be able to rally support at all levels of the organization. Some suggest multiple champions are needed in large organizations. Physicians were singled out as requiring a champion from their own ranks.

This research demonstrates there is a strong desire for strategies that help improve patient safety and these key informants recognize that effective teamwork and communication is critical in this regard. However, they also realize that to succeed, such strategies must be easily transferrable to organizations that are working in environments with limited resources and other competing demands.

Thus, teamwork and communication strategies are more likely to succeed if they appear to naturally fit with existing priorities and are incorporated in, rather than imposed on, organizational activities.