TeamSPEAK®- SingHealth's Programme for Speaking Up for Patient Safety

Tang Joo Ying[1], Pang Nguk Lan[1], Karen Perera[1], Alvin Chang S.M.[2], Yin Shanqing[2], Ng Heng Joo[3], Ho Le Onn[3], Leila Ilmami Bte Nasron[3], Ong Yee Yian[3], Tian Yee Shin[4], Mabel Sim WC[1], Camilla Wong ML[5], Chow Mun Hong[6], Lim Hwee Boon[6], Tan Kok Hian[1]

[1]Institute for Patient Safety & Quality, [2]KK Women's and Children's Hospital, [3]Singapore General Hospital , [4]SingHealth Group Communications, [5]SingHealth Group Allied Health, [6]SingHealth Polyclinics

1. Background

A Survey for Patient Safety Culture conducted within the SingHealth Hospitals showed that 57% of staff agreed that "Staff are afraid to ask questions when something does not feel right", above the 35% threshold by the Agency for Healthcare Research and Quality (see Fig.1).

Open communication protects both patients and staff from any possible harm and is crucial in improving the quality of healthcare. It is thus urgent and necessary for healthcare professionals to improve communication by speaking up.
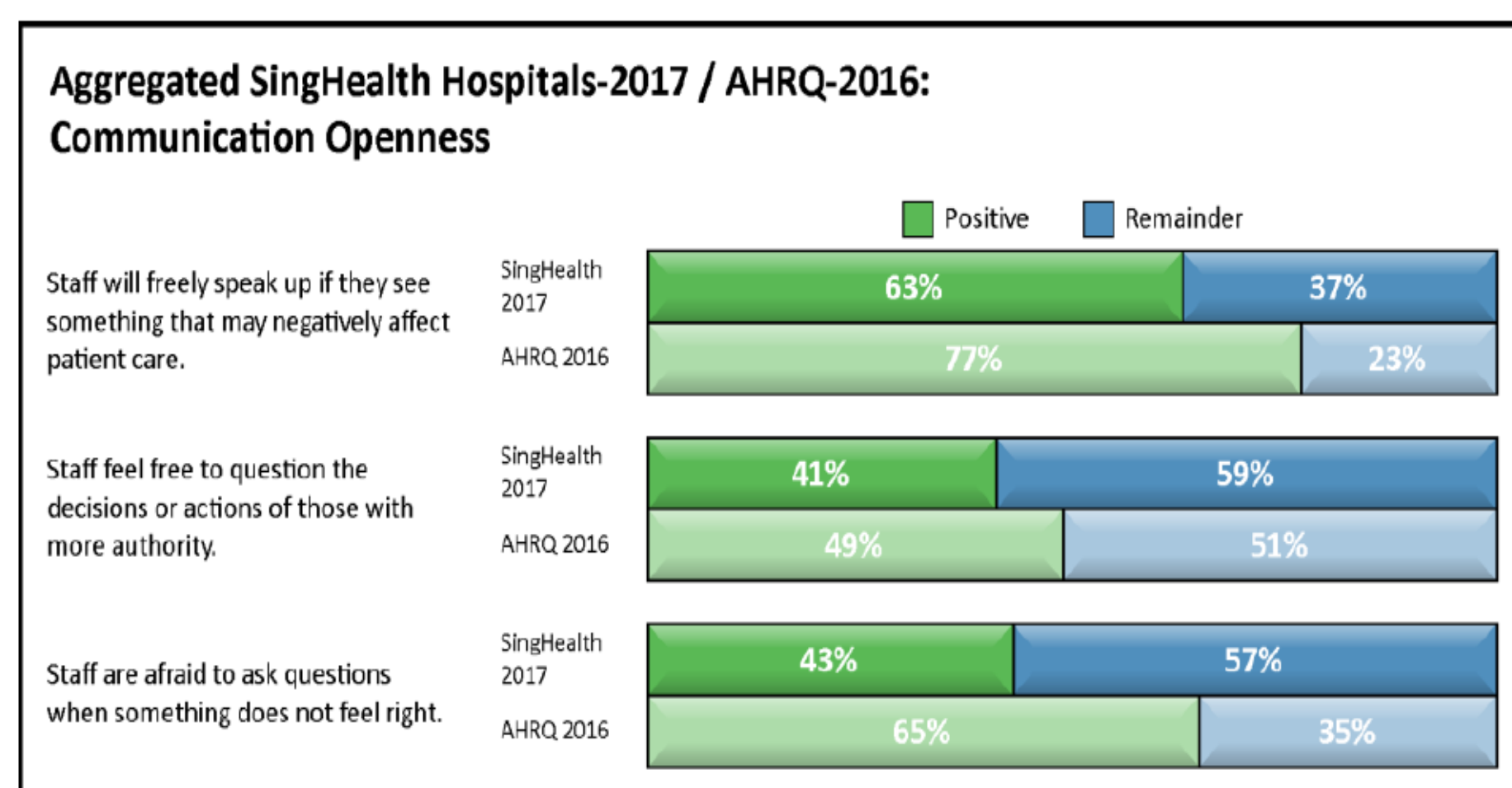

Fig.1 Survey for Patient Safety Culture

2. Aim

We aim to develop a cluster wide programme that promotes speaking up for patient safety.

3. Methodology

A group of 13 Faculty (see Fig. 2) were trained at Duke University as trainers for TeamSTEPPS® (Team Strategies And Tools To Enhance Performance And Patient Safety), an evidence-based comprehensive teamwork training designed to improve quality and safety in healthcare.

Fig.2 SingHealth Faculty

The faculty adapted the TeamSTEPPS® curriculum to develop a local programme called TeamSPEAK®, focusing on speaking up for safety and its psychological support elements and principles. TeamSPEAK® uses critical language - CUS to trigger the attention of team members that potential harm may be about to occur, via respectful and assertive communication strategies. CUS stands for "I am Concerned!", "I am Uncomfortable!", and " This is a Safety Issue!" (see Fig 3).

Fig.3 CUS

Fig.4 Clinical video shot

New teaching aids such as videos in both clinical and non-clinical settings (see Fig.4 and Fig. 5), and materials were created to promote scenario-based learning during TeamSPEAK® classes.
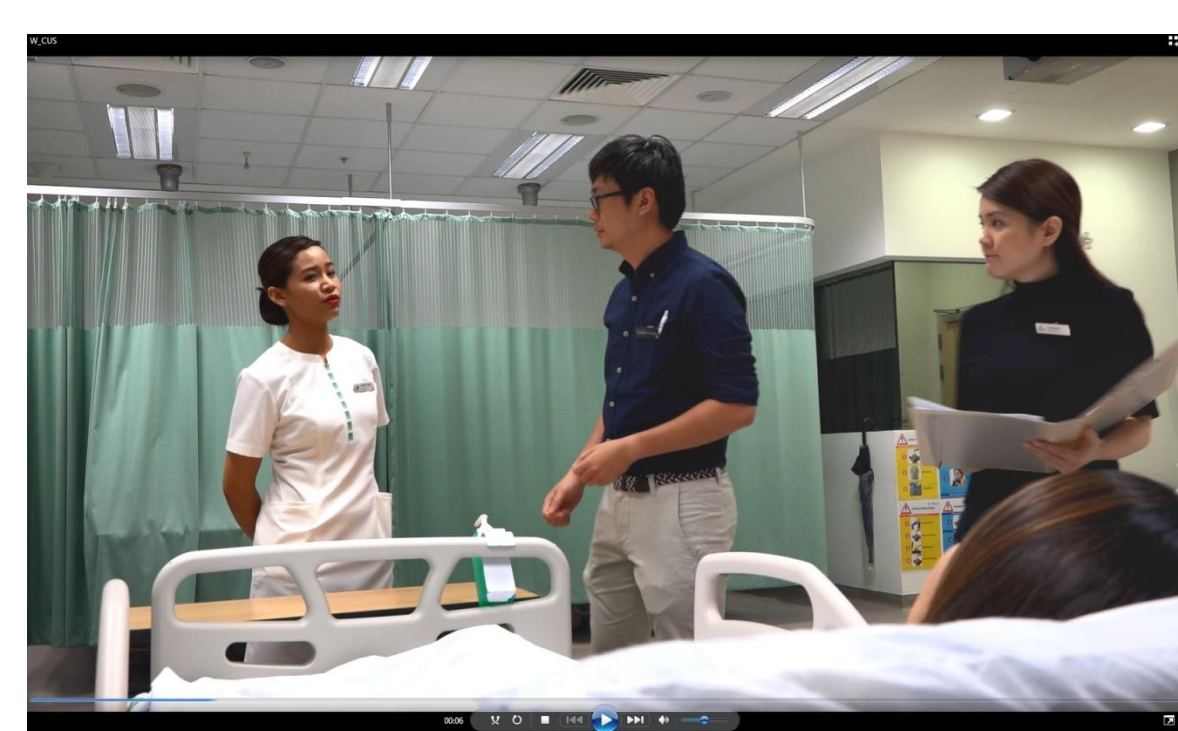
Leadership commitment is critical and TeamSPEAK® was supported by CEO, SGH for roll-out to all staff in SGH's FY18 workplan.
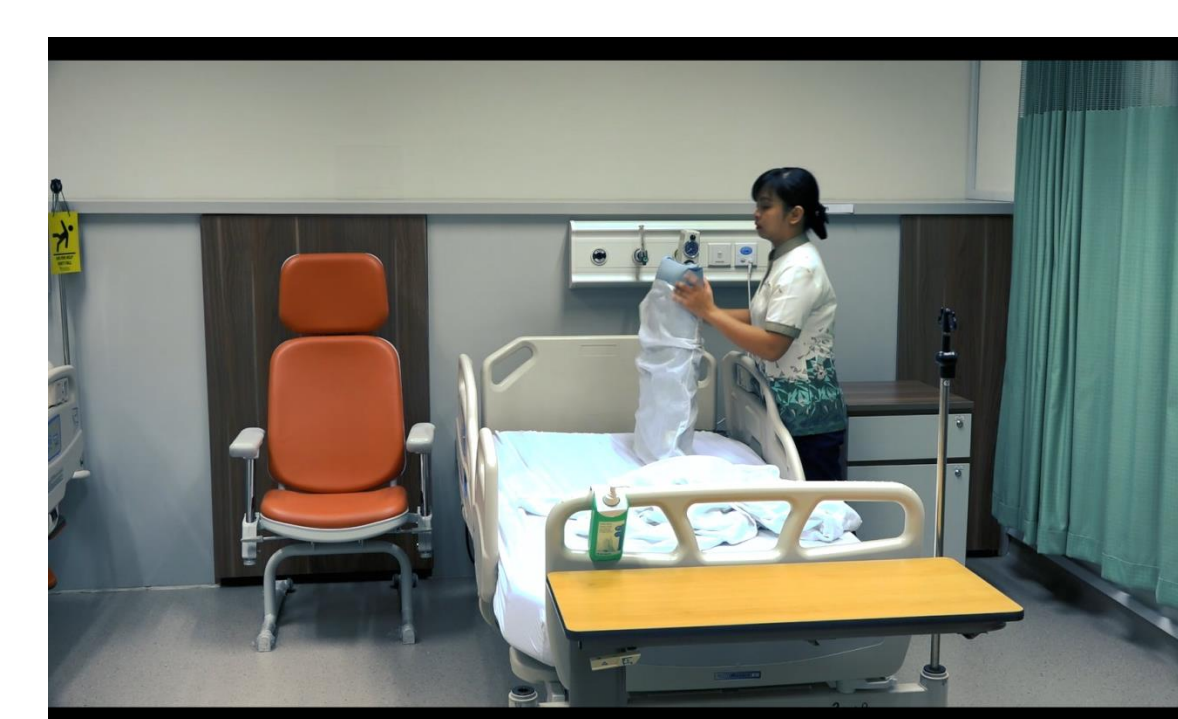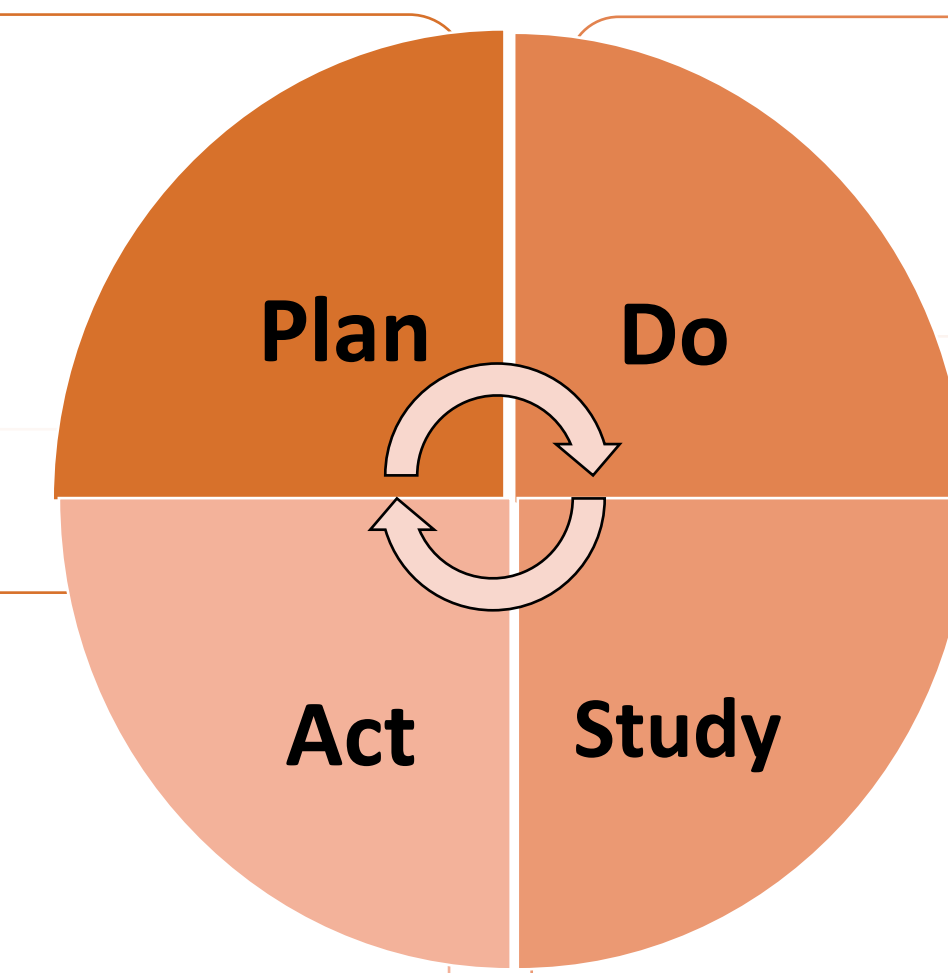

Fig.5 Non-Clinical video shot

In the roll-out to SGH, the team also incorporated cross-learnings and experiences from KK Women's and Children's Hospital proprietary speak-up program.

PDSA 1 - The objective was to test the TeamSPEAK® programme and solicit feedback for further refinement (see Fig. 6).

- Workshop material was developed.
- Invitation to stakeholders to participate in pilot run.
- The 1st pilot run was conducted on 5th Feb 2018.
- Use PDSA2 to address the discussion duration and content of teaching materials
- Teaching materials need to emphasize more on building skills in speaking up

Plan | Do | Act | Study

Fig.6 PDSA 1

PDSA 2 – Learning from PDSA 1, PDSA 2 focused on testing the revised teaching materials which emphasized on the skills to speaking up (see Fig.7).

- Workshop material was refined based on PDSA1 feedback
- 2nd pilot run was planned
- The 2nd pilot run was conducted on 21 Mar 2018
- Continue the use of revised slides
- Positive feedback on refined slides, with suggestion to include steps and ways to speak up.

Plan | Do | Act | Study

Fig.7 PDSA 2

4. Result

An improvement was shown in the participants' feedback who rated "agree" and strongly agree" in the workshop evaluation (see Fig.8) .
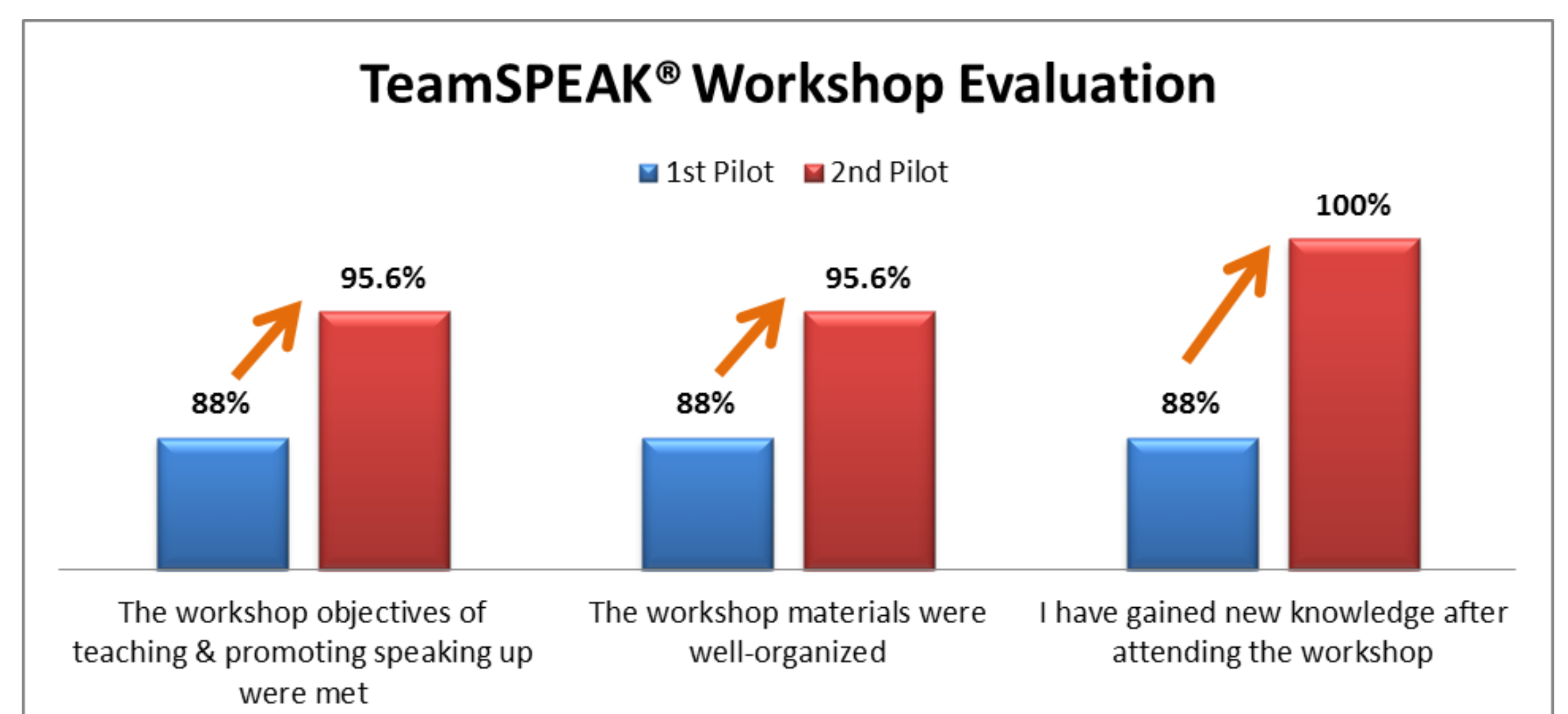

Fig.8 Workshop Evaluation result

Participants also shared that the videos & interactions with different professions during the session were very useful. With the successful pilot runs, the programme is now being rolled out in SGH.

5. Conclusion

TeamSPEAK® is a successful programme aimed towards encouraging speaking up for our patients' safety. Moving forward, Institute for Patient Safety & Quality aspires to foster greater awareness for speaking up by rolling out TeamSPEAK® cluster-wide.