TeamSPEAK[®] in

SingHealth Polyclinics



SingHealth

Singapore Healthcare Management 2019

Ms Cai Jiaxin, Ms Alyssa Neo, Dr Wong Wei Teen, Dr Lim Hwee Boon, **Dr Chow Mun Hong SingHealth Polyclinics**

Introduction

Speaking up is an essential part for patient safety as it allows the organization to identify, correct or prevent unsafe work practices. Speak up culture can be created where leaders foster a supportive environment for speaking up and staff feel safe to raise concerns.

As part of the SingHealth wide effort, TeamSPEAK[®] was introduced with emphasis on tools that facilitate team communication, and the roles and responsibilities of staff in speaking up. SingHealth Polyclinics (SHP) incorporated TeamSPEAK[®] into SHP 'Target Zero Harm' Patient Safety initiatives and the program was rolled out in May 2018.

Results

1. TeamSPEAK® Participation Rate



of SHP staff have completed TeamSPEAK[®] training as at May 2019

The aims of the SHP TeamSPEAK[®] program are:

- To promote 'Speak Up' culture for patient safety
- To communicate to leaders, supervisors and staff on their roles and responsibilities in speaking up
- To introduce TeamSPEAK[®] tools and strategies to facilitate team communication

Methodology

1. Format of SHP TeamSPEAK[®] program : Engagement and Equipping

a) Leadership session: SHP leadership - CEO, HODs and clinic Directors.

Commitments were made by the leaders:

- To ensure appropriate action on negative behavior
- To ensure patient safety matters/issues are resolved appropriately
- To ensure staff who speak up are protected from repercussion

b) Managers, Supervisors and Patient Safety **Champions sessions:**

- Clinic Supervisors
- Clinics' Patient Safety Champions
- Quality Improvement Committee





2. Survey Results and Analysis

Pre- (a month before TeamSPEAK[®] roadshow) and post- (6 months after TeamSPEAK[®] roadshow) surveys were conducted to understand the 'Speak Up' culture in SHP and to evaluate the effectiveness of the TeamSPEAK[®] program.

a) Speak-Up Culture: A rating scale (0: very unwilling / not confident, and 10: very willing / very confident) was used to measure the willingness and confidence of our staff to speak up when they encounter safety issue.

• Using a computation rating of 8 to 10, it was observed that the willingness increased from 56% to 64% (Figure 1) and the confidence increased from 53% to 61% (Figure 2).

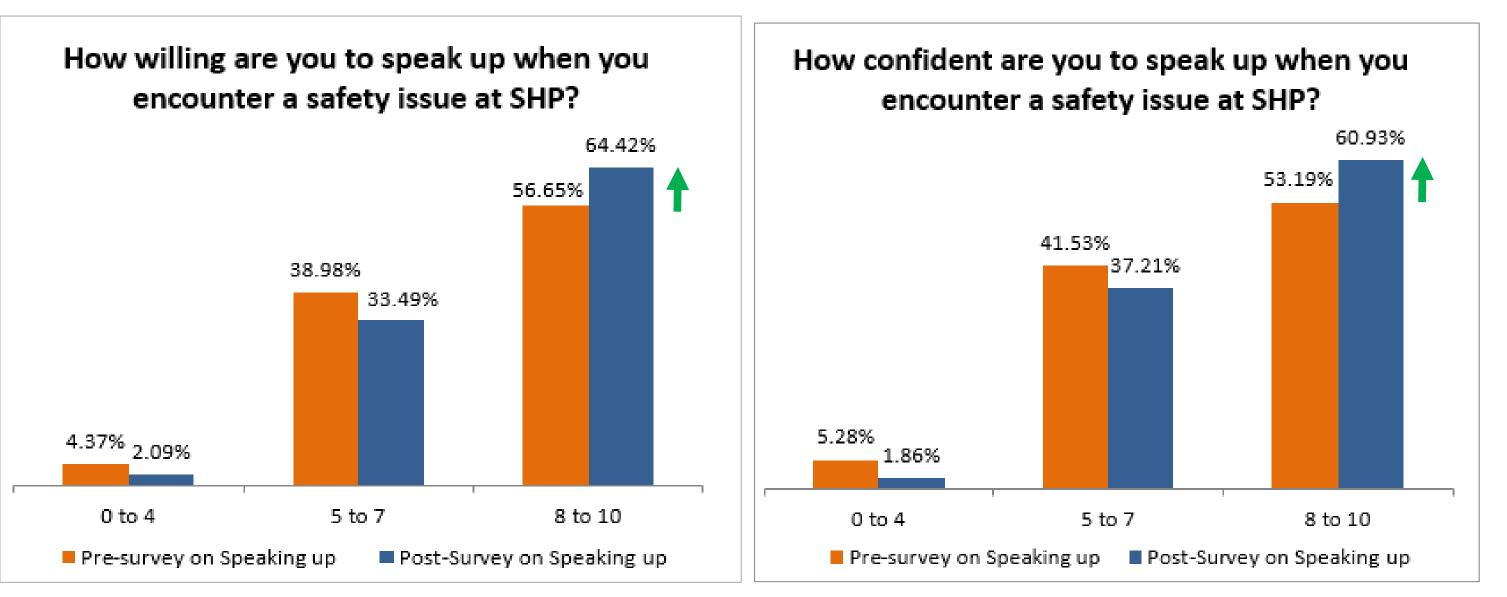


Figure 1: Willingness of SHP staff to speak when

Figure 2: Confidence of SHP staff to speak when

Quality Management Department

c) Staff session: TeamSPEAK[®] roadshows were conducted at 8 SHP polyclinics, Head office and call center.

d) Follow up by Patient Safety Champions: Engagement of other existing staff by Patient Safety champions at various clinics.

e) Incorporation into Workshop for new hires:

TeamSPEAK[®] was included in the workshop "Introduction to Quality and Safety".

2. Course Content & Learning outcomes

TeamSPEAK[®] tools and strategies were contextualized for training of different groups. In addition, the feature of a SHP Speak-Up story to highlight the impact of speaking up. A staff spoke up and sparked a chain of effective team communication of speaking up and listening well. This resulted in the timely rectification of error in the cluster wide prescribing system for all doctors.

3. Other activities to promote TeamSPEAK[®]

Learning outcomes :

- Understanding the importance of 'Speaking Up' for patient safety
- Understand the importance of providing the psychological safe environment
- Learning and applying the TeamSPEAK[®] tools to facilitate raising concerns

encounter safety issue

encounter safety issue

b) Use of TeamSPEAK[®] tools: Post-survey result showed that 55% respondents have used the TeamSPEAK[®] tools when speaking up.

Out of the 45% respondents who have not used TeamSPEAK[®] tools, high percentage of them (71%) shared positive reasons for not using TeamSPEAK[®] tools, namely "Did not come across any safety concern" or "There was appropriate response from the other party" (Figure 3).

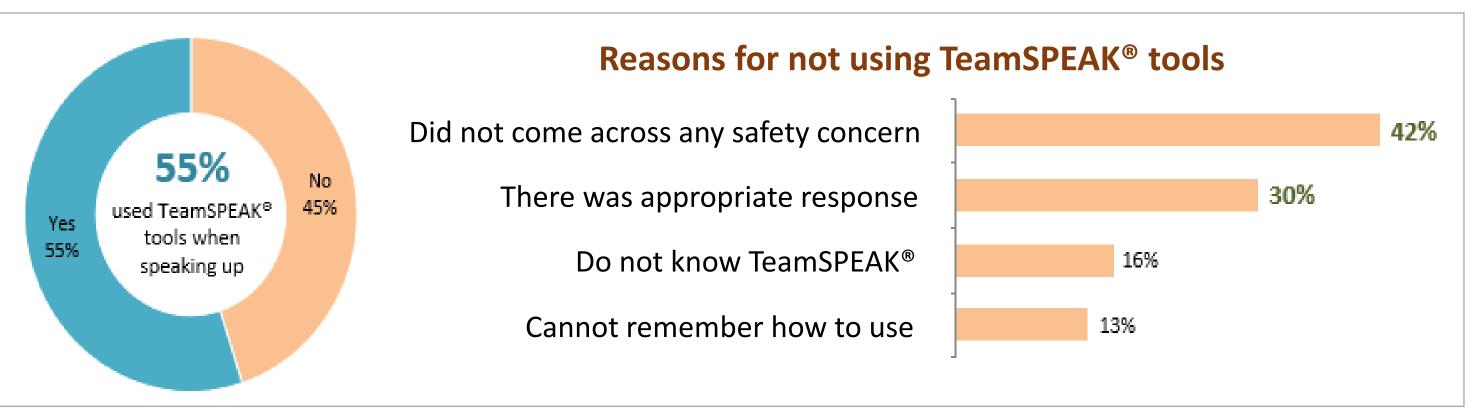


Figure 3: Reasons for not using TeamSPEAK[®] tools

c) Feedback for TeamSPEAK[®] Program: Qualitative feedback were also collated for the TeamSPEAK[®] related trainings and roadshows. Some examples are:

"Case scenarios used for explaining the concepts are practical and easily

"Role play was fun and an interesting way of learning the concept and the application of



TeamSTEPPS Workshop for Patient Safety Collaborative

TeamSPEAK[®] Roadshow – Outram Polyclinic

The SHP TeamSPEAK[®] program incorporated other activities in the effort to promote TeamSPEAK[®].



Two-Challenge Rule

2nd Challenge: Be Assertive 1st Challenge: Be Respectful Asking sounds more respectful that If safety concern raised is not addressed appropriately his is a ${f S}$ afety is am Conceri Better Care, Safer Care ZEROHARM **Everyday**

Communication collaterals (Poster, E-bulletin)



TeamSPEAK[®] lunchtime recap session & Role Plays – conducted by clinics' Patient Safety teams



TeamSPEAK[®] video contest

understood."

"The training session provided us the knowledge on teeming skills for teams."

the tools in our daily work."

"There is a feeling of achievement when the concern raised was acted upon and there is improvement for patient safety."

Conclusion

TeamSPEAK[®] program has been incorporated into SHP Quality and Safety program. Significant proportion of staff (92%) have been trained with TeamSPEAK[®] and staff have also used TeamSPEAK[®] tools to raise concern at point of care. Survey results have also shown that more staff are willing and confident to speak up after the roadshows.

Moving forward, there will be continuous efforts to ensure psychological safe environment for speaking up and to empower our staff to speak up, which are important elements in building a mature patient safety culture.