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Teamwork that affects outcomes: A method to enhance team ownership

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Abstract

Healthcare is the ultimate team sport, and this case study explores how to build teamwork across teams. The ability for nursing, environmental services and food and nutrition services to work collaboratively to benefit patients is paramount to a patients experience and outcomes. The case study describes how the work was done to build teams and then improved outcomes in both patient and employee experiences. The learnings are applicable to any team setting not just those described in this case study.

Keywords

Teamwork, team development, nursing, environmental services, food and nutrition services, management, leadership, patient experience, employee experience, culture

Introduction/Background

Healthcare is the ultimate team sport and requires all members to work in concert to provide safe, reliable, compassionate, quality care to patients. The topic of teamwork and its importance is frequently written about as a needed focus.[1,2] But where does one start? How is teamwork even built?

At Vanderbilt University Medical Center (VUMC), this question arose from several staff and patient data points that showed average scores when asked about teamwork. The average performance drove leadership teams to question what could be done to improve the teamwork amongst teams. The decision was made to start small and see if focused work on developing teamwork could improve the experience for both staff and patients alike. The Inpatient Orthopedics Unit was selected after its leadership volunteered, aware that the data showed growth opportunity for its specific unit.

The effort was scoped to focus on the teamwork between nurses, environmental services and food and nutrition services. This unit was selected due to the existence of strong leadership and given the patient population, the need for an experience that demonstrated patients' good quality outcomes coupled with a hospital stay that was clean and comforting.

Method

VUMC partnered with The Collective Global to facilitate their collaborative *Collective Teams* engagement. The engagement had been successfully implemented and sustained in many other industries but never in a healthcare setting.

The Collective's engagement focuses on the humans doing the work to develop simple actions to produce needed change. The unit staff was engaged to identify the gaps and barriers, own their improvements, and subsequently choose a path forward to create better teamwork. The ownership was created through a bottom-up implementation method that is not determined or dictated by leadership. The execution, transferability and sustainability were produced through a method of low-time commitment, simple actions, and trust in the leaders of the group to reinforce the work. The engagement is collaborative in the truest sense and consists of a three-step facilitated process: *Journey In, Journey Out* and finally, the *Journey to Others*.

The Journey In focused on authenticity, building trust and taking ownership. In order to create change amongst a team, it is vital for individuals to first identify their personal thoughts, feelings and opinions about the team, in a safe and confidential environment.

> **Unit leader & teammate interviews**. These allow for individuals to speak freely about the current state of the team. The goal was to understand what was or was not working and to determine the most pressing opportunities for improvement to increase the overall teamwork across the unit.

JOURNEY IN

LEADER & TEAMMATE
1:1 INTERVIEWS

LEADER & TEAMMATES
CREATE SURVEY

LEADER & TEAMMATES
TAKE SURVEY

Survey created by unit leaders & teammates. At the end of each interview, all staff were asked to have a voice in creating the survey. Each member submitted 1-3 survey statements on topics they believed needed to be addressed. The Collective took all survey statements submissions, identified common themes, and created one 25-statement survey.

Take the survey. All unit teammates were given the opportunity to take the survey. They could answer in one of four ways: strongly disagree, disagree, agree, or strongly agree.

The Journey Out consisted of conversations about the survey results, identification of the Top 3 topics and self/team reflection on what needed to change.

Top 3 topics identified. Each team reviewed and discussed the survey results. Knowing there were many topics to focus on, each team had to identify the Top 3 they would commit to working on together. A fascinating data point to note was that each team independently identified their Top 3 topics without influence from other teams and each identified the same Top 3: *Respect*, *Relationships* and *Communication*.

Team meetings on Top 3. Bi-weekly team meetings were conducted over the next couple of months to discuss these Top 3 topics. The discussions around each focused on what was working well, what needed to improve, where there were gaps, barriers or resistances that were holding the team back, and what needed to ultimately change. The goal of these meetings was to create changes and commitments that would be presented to the other teams in a cross-team meeting.

Hands open, not fists closed. The posture that was encouraged for all teams to take was a hand open versus fist closed approach. Each team first identified how they could serve the other team better before determining how the other team could help them. This approach provided humility, humanity, and perspective.

The Journey to Others began to build bridges, clarified each other's actions, and created accountability for the path forward.

JOURNEY OUT

1 RESPECT
2 RELATIONSHIPS
3 COMMUNICATION

TOP 3 TOPICS
IDENTIFIED
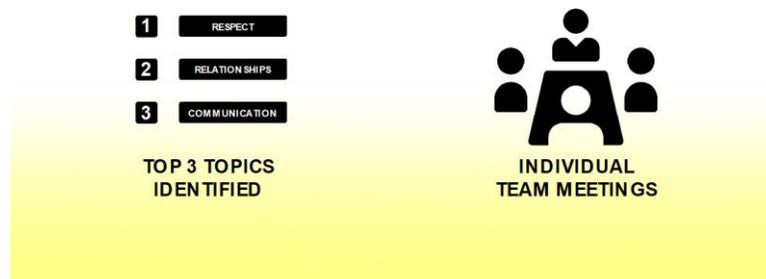
INDIVIDUAL
TEAM MEETINGS

Cross-team meetings. These meetings allowed for each team to share from two vantage points. First, and most important, each team shared what they identified and what they could do better for the other team. Then, each team shared what they would like the other team to do better for them. The discussion that ensued allowed for each team to share what they believed was currently working and what they believed would raise the overall teamwork between the teams.

Commitment to each other. The teams ultimately agreed to the commitments and gave each other permission to hold one another accountable to those commitments, to ensure sustainability and the outcomes they all desired.

Outcomes

There were three significant outcomes from the work: team commitments, improvement in employee engagement and improvement in patient experience. The team commitments were built off the agreed upon topics of Respect, Relationships and Communication. The commitments were the actions each staff member would take to support the others across the departments to

uphold Respect, Relationships and Communication. The complete commitments are reflected in Exhibit 1 and were posted throughout the unit's high traffic areas.

One of the most impactful commitments was that nurses wanted to be able to trust that environmental services and food and nutrition would follow through on their duties to meet their expectations. Another was that environmental services and food and nutrition wanted to be included, respected, and considered part of the overall team. By including and recognizing both environmental services and food and nutrition in daily huddles, and having conversations around daily expectations of their efforts, trust was built. Environmental services and food and nutrition began to meet the nurses' expectations, and in return, felt respected and included.

The Orthopedics Unit saw improvement in employee engagement through two different survey methods. The first was in the retake of the survey developed during the Journey In phase of the work. Exhibit 2 shows a comparison of the results prior to and after the retake. All responses on the survey improved. Some specific areas for improvement and overall effects will be discussed later in the Implications section.

Exhibit 1

Exhibit 2

QUESTION	INITIAL	RETAKE	DIFFERENCE
I fully understand the roles & responsibilities of those that I work with.	3.00	3.28	+0.28
We all have the patient's best interests in mind.	2.72	3.12	+0.40
We communicate at the adequate level within my team.	2.72	3.12	+0.40
I feel respected by the other teams.	2.64	2.92	+0.28
Even though we all work for different departments, we act as one team.	2.36	2.88	+0.52
We have an adequate level of teamwork across teams.	2.16	2.84	+0.68
I believe my opinions & suggestions lead to change.	2.28	2.84	+0.56
There is an adequate level of accountability for our actions.	2.04	2.76	+0.72
We communicate at the adequate level across teams.	2.08	2.76	+0.68
I am able to trust those on the other teams.	2.40	2.72	+0.32
I can trust those on the other teams to get their job done.	1.96	2.60	+0.64

In addition to the internal department survey the Orthopedics Unit also had their highest staff engagement score (4.25) in several years on the organization wide engagement survey, compared to 3.41 in the prior survey. Employees reported higher scores in the following categories compared to other units within DUMC:

- Employees in my work unit want to go above and beyond what is expected of them. (+.28)
- My direct supervisor encourages teamwork. (+.06)
- My work unit works well together. (+.51)

This focused work continues. Both the food and nutrition staff and environmental services team members are considered part of the orthopedics team. They attend huddles, receive shout-outs on the visual management board and take ownership and pride in their work for the unit. Most of all, supportive relationships have begun to form between the teams, with members looking out for one another on a daily basis.

Patient experience increased among nearly all domains that correlate to teamwork and ancillary support services on the Orthopedics Unit. By focusing on respect, trust and relationships, overall patient experience scores increased from 64.41 at the beginning of the work to 79.71 a year later.

Domains that focus on courtesy and friendliness of support staff also increased. This was largely attributed to the overwhelming sense of belonging and ownership amongst all team members. The mindset shifted from "I am here to clean this unit" to "This is my unit, and I get to clean it for these patients." As a result, there was also an increased amount of Press Ganey comments directly citing support staff by name and the amazing care they provided. These comments were shared with all team members via the visual management board, which only increased staff morale and engagement.

Implications

The outcomes of this work have either confirmed or expanded our view on the important role teamwork plays in a healthcare setting. Better teamwork can contribute to reduced turnover and burnout and enhance patient experience and positive outcomes.

By all metrics, the engagement was successful and felt by both staff and patients alike. Although successful, there are several implications for why and how to make team development an important part of the culture in a healthcare setting.

It was telling that each of the teams involved in this work independently identified the main topics of Respect, Relationships and Communication. The implications for this are likely that the formula for teamwork development could be as easy or as difficult as instilling respect, relationships, and communication. It is one thing to identify a topic, but the important next step is to develop a commitment. Of the several commitments that were developed by team members, there are a select few we feel have lasting impact on team development.

One commitment the nursing team identified and committed to was including environmental services team members in daily huddles. This commitment provided two key outcomes. First, as team members learned each other's name and roles, a mutual feeling of respect naturally developed. Secondly, the inclusion allowed relationships to develop because everyone was viewed as equal, with the same responsibility to serve the patients on that given unit.

Another important commitment made between the nurses and food and nutrition staff was the nurses' commitment to 'Manage up' the work of food and nutrition staff. It had been common for there to be delays in food deliveries or errors in a patient's order. When the staff did not know or respect one other, there were two main consequences. The first was that while performing service recovery for a patient, nurses would not manage up food and nutrition staff. And secondly, nurses would take their concerns directly to their leadership rather than first speaking with the food and nutrition staff. These created an "us versus them" scenario, that ultimately negatively impacted the engagement and performance of the food and nutrition staff. With the commitments that were made by the nurses, strong working relationships with the food and nutrition staff were developed, which in turn resulted in local problem-solving, shared work on the behalf of the patient and the respect that if someone had a problem, they would address it with one another before escalating it to a boss.

Early in the work, the important role a leader plays in building and maintaining teamwork was identified. Leaders set the tone and expectations for how work is to be done in an area [3]. There are two specific implications for the important role leaders play in building teamwork. The first is that a given leader must identify and prioritize the work needed to be done to build teamwork. The work above requires engagement from staff outside their normal daily duties. It can be easy to say there is not sufficient time or bandwidth, but a good leader can and will figure out how to prioritize this work, both for the benefit of their team and those they work with in a healthcare setting.

The second implication is the example leaders set for their staff and whether they are or are not properly demonstrating the importance of teamwork. If/when staff witness or feel leaders exhibit favoritism, treat employees differently or demonstrate a lack of respect for other areas in the healthcare setting, it can contribute to a culture of poor teamwork. Respect, Relationships, and Communication among various service line leaders are imperative to the success of this work. Employees will model the relationships they witness.

The defined process of this engagement is an important road map to success in team development. When an individual determines the factors for successful job performance, rather than them being prescribed by someone else, this leads to stronger ownership and more positive lasting results. The collective team's process demonstrated that individuals must first look inward and determine what they are willing to change for themselves before making a commitment of what they will change for the benefit of others.

Further explorations of this work might include the examination of how to optimize this culture through high turnover areas, the comparison between different departments to discover if there is a trend in the healthcare industry around the topic of teamwork (i.e., Respect, Relationships and Communication) and the effects that the healthcare setting has on mental and emotional health.

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