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Welcome to Module 7 of the SPPC-II Teamwork Toolkit. In this module, we'll discuss tactics and planning for the SPPC-II Teamwork Toolkit implementation.

Describe the L&D or Related Unit/Work Area

Key Actions:

- Describe your target unit or work area
 - Unit/work area name
 - Size in terms of number of beds and deliveries per month or per year
 - Number of staff by profession/specialty
- Name of L&D or related unit/work area:
- Size of unit/work area:
- Number of staff within unit/work area:
 - Physicians:
 - Nurses:
 - Midwives:
 - Other:



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Before you begin the first step of implementation planning, think about and describe the unit or work area in which you plan to implement the AIM clinical bundle and teamwork training. Identify what that unit or work area looks like in terms of size and staff composition. This information will be important in identifying an action plan that is feasible within your L&D unit. This information may also be useful in providing your organizational leadership with an overview of your plan.

Steps of SPPC-II Implementation Planning

- ✓ 1. Who:
 - Will staff your team (present today and others at facility)?
 - Are your key supporters?
- ✓ 2. Know your AIM clinical bundle(s)
- ✓ 3. Establish a plan to evaluate your success
- 4. Conduct a pre-implementation Barrier Analysis to training rollout
- 5. Create a communications and tracking plan for training rollout
- 6. Plan your facilitation sessions
- 7. Finalize and share your implementation plan



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The remainder of this module walks participants through the seven recommended steps of SPPC-II implementation planning. The slides for each step contain a template the participants can use to record their plans. These templates are also provided in the SPPC-II Facilitator Guide, provided separately.

We believe implementing the SPPC-II teamwork toolkit on your unit involves at least the listed eight steps. These are:

1. Defining who are the “Hospital AIM Team” that will do the work, and who will support you.
2. Knowing the issue you are trying to address, and how. In this case, we are using the AIM clinical bundle to address the issue of *obstetric hemorrhage/pregnancy-induced hypertension*.
3. Having a plan to evaluate your progress and success.
4. Conducting a pre-implementation Barrier Analysis to training rollout.
5. Creating a communication and tracking plan for training rollout.
6. Planning your facilitation sessions.
7. Developing a timeline for your overall implementation.

Many of these steps you have either already done, or have started on. Or we have helped develop for your use. These are indicated with a check mark. We will now be working on the last four steps.

✓ Step 1A: Staff Your Hospital AIM Team

Key Actions:

- Select members for a multidisciplinary Hospital AIM Team
- Ensure representation from different leadership levels
- Ensure at least one member has attended the AIM in-person workshop (clinical bundles)
- Ensure one member has experience in performance improvement

Hospital AIM Team Member	Work Area Role	Attended the Workshop? (Y/N) If N, date planned?



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By this time, you probably already have your Hospital AIM Team established, so you can think about who those individuals are, including yourself, and whether or not you might want to invite more folks to your team based on what you learned in module 2, Team Structure and Assembly. You also need to know who your key supporters are in this journey.

The **objective** of step 1 is:

- A – To assemble a team of leaders and staff members with the authority, expertise, credibility, and motivation necessary to drive the AIM initiative successfully.
- B – To identify the key clinical and administrative supporters you need to become, and stay, successful.

Key actions for step 1 include:

- Select members for a multidisciplinary Hospital AIM Team.
- Acknowledge that the type and size of facility and unit will govern some of the team structure (e.g., rural vs urban, small vs large)

- Ensure representation from different leadership levels, including senior leadership, clinical/technical experts, and frontline leadership
- Ensure that some members are ones who will enable successful implementation as well as help overcome anticipated barriers based on past experience.
- Ensure that at least one or more members have completed the AIM in-person workshop.
- If possible, ensure that at least one member has experience in performance improvement. Relevant skills include data collection, analysis, and presentation.

Tips for success in step 1 include:

- The Hospital AIM Team will focus on improving processes within its local organization. Choose members with relevant clinical expertise, workplace location, credibility, and direct involvement in the processes that will be affected by the intervention.
- Ideally, all Hospital AIM Team members will attend the in-person workshop, although that may not always be feasible.
- The optimal Hospital AIM Team size is five to seven individuals.
- Where relevant, involvement of both physicians and nurses from the clinical workspace is essential.

Step 1B: Who Are Your Key Supporters?

Key Actions:

- Identify supporters who could contribute significantly to the Implementation Plan
- Ask key supporters to review your Action Plan and to provide input
- Modify your Action Plan based on their input, if needed

Who are the key clinical and administrative supporters who need to review the plan?

- 1.
- 2.
- 3.
- 4.
- 5.

What resources do you need from them?



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Work like this often requires the involvement of multiple disciplines across departments, as well as multiple layers of the organization. These need to include clinical supporters as well as supporters within the administration leadership.

Key considerations for initial and ongoing success involve:

- Identifying them beforehand.
- Identify members who will enable successful implementation as well as help overcome anticipated barriers based on past experience.
- Getting them involved early. Can consider asking them to review your Action Plan for input to help foster a sense of involvement.
- Defining what specifically you would like them to do.
 - E.g., advocate in clinical committee, help secure specific resources, etc.

✓ Step 2: Know Your AIM Clinical Bundle(s)

Defining the opportunity for improvement

Key Actions:

- Review unit performance and safety data
 - Incident reports
 - AHRQ patient safety survey
 - Clinical process and outcome measures
- Review RCAs or other types of defect investigations
- Ask frontline staff
- Identify the process in which the challenge occurs

To Improve Maternal Outcomes Associated with:

- Obstetric Hemorrhage
- Severe Hypertension in Pregnancy



TALKING POINTS

The **objective** of step 2 is:

- To state the issue that will be targeted by the program, in this case obstetric hemorrhage/pregnancy-induced hypertension, and help define the opportunities for improvement in your unit/work area around the issue.

If you were completing this step from scratch, **key actions** for step 2 would include:

- Identifying a problem, challenge, or opportunity that could be improved with enhanced teamwork. Strategies include:
 - Reviewing unit performance and safety data, such as incident reports, the AHRQ Hospital Survey on Patient Safety Culture, and site-specific process and outcome measures.
- Reviewing reports of root cause analyses and other types of defect investigations like failure modes and effects analyses.
- Asking frontline staff, "What bad outcomes are waiting to happen because of breakdowns in the transfer of critical information?" "What things keep

you up at night?"

- Identifying the process during which the problem, challenge, or opportunity occurs by stating what the process is, who is involved, and when and where it occurs.

Specific situations

- Facility (and Unit) size and type:
 - Small vs Large
 - Multi-specialty hospital vs exclusive Obstetric facility
- Facility (and Unit) location:
 - Rural vs Urban
- Team size:
 - Few (e.g., 2 member) vs large
- Representative disciplines:
 - Few vs multiple
- Any other?:
 - Other 1
 - Other 2



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Use this time to discuss the uniqueness of each setting (unit and facility). How the tools and approaches remain the same but can and should be customized to the specific situation. Consider what works for you and your organization. What is the most effective way to work within your organization?

Step 3A: Establish a Roll-out Plan with timeframe

Key Actions:

- Identify overall timeframe for completing all 8 online modules (e.g., 6 months) - what works best for your unit and facility?
- Identify intervals at which facilitation sessions will be held (e.g., every 2 months)
- Establish process (plan B) for non-compliant staff

What will be the timeframes?

- Overall:
 - e.g. 6 months, March to August 2020
- Online module completion (related Facilitation session). For example:
 - Modules 1, 2: By Fri., Mar. 13 (Mar. 21, 28)
 - Modules 3, 4, 5: By Fri., May 15 (May 22, Jun. 5)
 - Modules 6, 7, 8: By Fri., Jul. 24 (Aug. 7, 14)

Which existing meeting structure lends itself well for conducting facilitation sessions?

**Reference: Facilitation Guide*



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It is critical to have a definitive rollout plan with timeframes that work well with the existing work, training, and meeting structure of the L& D unit and facility at large. These should be proposed, discussed, and then communicated to all concerned (all potential attendees (frontline providers) as well as leadership at all levels) in an efficient and effective manner. The purpose of **step 3A** is to make sure ahead of time that you know how you will roll it out within the timeframes. An exercise at the end of this module will help you discuss this in the context of your unit and facility.

Key considerations for step 3A include:

- Knowing what is the timeframe that would generally work well to serve the purpose of the training as well as suits your unit/facility (not too long, not too short)
- Understanding well that AIM Team Leads may complement the online module (i.e., training) rollout with an in-person training session (for each module or tool) for their staff based on the local culture. The in-person training should complement and not replace the online rollout for the purposes of this project

- Link the rollout roles with the team members helping with the rollout (link to Step 1 B)

✓ Step 3B: Establish a Plan to Evaluate your Success

Key Actions:

- Identify measures with defined targets (*Evaluation Plan*)
- Identify who among your AIM Team will be responsible for data collection, analysis, and presentation (e.g. generation of graphs, charts, etc.)
- Measure before and after you implement

What will you measure?

- For reviewing yourself
 - e.g. number of people who completed each online module
- For reviewing with your Hospital AIM Team
- For reviewing with your unit or work area
- For reporting to AIM

Who is responsible?

**Reference: Next module on Program Evaluation*



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It is critical to have an evaluation plan to be able to document progress, and eventually success. The purpose of **step 3B** is to make sure ahead of time that you know how you will measure your successes. The topic of Evaluation will be covered later, in session 8.

Key considerations for step 3 include:

- Knowing what you are going to measure, and for whom. It is important to that different stakeholders might want to know about different things.
- Identifying who will be responsible for the various steps of evaluation. This includes data gathering, potential analysis, and dissemination/presentation. It is important to realize that one person does not have to do all of them.

Step 4: Conduct a Pre-implementation Barrier Analysis

Imagine you are 1 year in the future...

- SPPC-II Teamwork Toolkit training implementation and tool adoption have failed.
 - What were the causes of the failure?
 - Spend 10 minutes writing down all of the reasons the project failed in your unit.
 - Pick 2 or 3 of the items that are your biggest concern. What would you do differently?
- SPPC-II Teamwork Toolkit training implementation and tool adoption has gone exceedingly well.
 - What went right?
 - Spend 5 minutes writing down what went right.
 - Pick 2 or 3 of the items that do not currently look like the ideal. What do you need to do differently?

Periodically review the potential problem list to reawaken yourself to possible problems.



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Projects often fail due to circumstances. Understanding potential barriers and complications to implementation and success BEFORE the launch of the SPPC-II Teamwork Toolkit training can hopefully prevent failure.

The purpose of **step 4** is to essentially perform a pre-implementation Barrier Analysis exercise to help you collectively brainstorm to identify as many potential local barriers to your success before they happen. This should allow you to analyze them beforehand, and work on ways to mitigate them.

The concept derives from an idea initially published in *Harvard Business Review* in 2007. It is based on the idea of a patient postmortem, which can help to determine the cause of the patient's demise but does not help that particular patient. When conducting a Barrier Analysis prior to project launch, the team imagines that the project has failed and brainstorms all of the reasons that could have led to this failure. The team then develops plans to mitigate those reasons for failure.

How Should This Tool Be Used?

Follow the directions in the order that they are written. Instruct the team to be

honest and open to sharing all concerns.

Materials Needed

- Input and Results sheets (copies for everyone plus some extra).
- Pens, markers, and Sharpie markers.
- Flip chart and easel or a whiteboard.
- Small circle stickers.

Step 1: Explain Barrier Analysis Exercise

- Explain the idea of a pre-implementation Barrier Analysis and the instructions. Use the description provided above.
- Encourage everyone to share all concerns and ways/solutions to overcome anticipated barriers based on past experience.
- Distribute the Input and Results worksheets (or you may use blank pieces of paper) and pens to each person.
- Say the following:

"Imagine that we are 2 years into the future, and despite all of the team's efforts, rolling out the SPPC-II Teamwork Toolkit has failed on your unit. Things have gone completely wrong on a number of fronts. What could have caused this?"

"Spend the next 10 minutes writing down all the reasons you believe these failures occurred. Please work independently and write down anything that comes to mind."

Step 2: Debrief Responses

- After 10 minutes, go around the room asking everyone to share one reason that has not already been mentioned. Repeat until all reasons are mentioned.
- Note the reasons on a board or easel in the room for all to see.
- Once all reasons are mentioned, briefly read through the reasons listed on the board.

Step 3: Prioritize Ideas

There are several ways to quickly and equitably get input on priorities. It is very important that everyone on the team have a voice in prioritizing, so the method used should be democratic and not allow the most vocal people to select the priorities.

A common method is voting nonverbally, using this approach:

- Tell each team member that they have 2 minutes and four votes, and ask each of them, working independently, to select their top four concerns.
- Once they have completed this, identify the concerns with the most votes and list them on a separate piece of paper/board.
- Options for voting:

- Provide four stickers to mark the top ideas.
- Mark four top ideas with pens/markers.

Step 4: Brainstorm Interventions

For each of the three or four top-priority concerns, brainstorm interventions that could be done during SPPC-II Teamwork Toolkit implementation to mitigate the concern. Again, it is very important that everyone on the team have a voice in prioritizing, so the method used should be democratic and not allow the most vocal person or a vocal minority to have unbalanced input. Good facilitation will allow a solid group discussion and generate ideas.

Another common method to ensure everyone feels their voice is heard is the affinity exercise, a nonverbal idea generation methodology.

- Provide "sticky notes."
- List each concern on a whiteboard or flip chart.
- Instruct team to write one idea per note for interventions to mitigate each of the concerns.
- Work for 5 minutes independently with a goal of high volume.
- Place the notes on the whiteboard or flip chart under the concern.
- After 5 minutes, read (or ask another team member to read) the ideas and place the ideas in categories.
- Facilitate a discussion to prioritize the ideas.
- Consolidate a list of the selected ideas or interventions.
- Assign each intervention to a team member.

Step 5: Follow Up

Explain that the Hospital AIM Team will be responsible for working on these interventions and that the team should review the results at their meetings.

In addition, the Hospital AIM Team should periodically review the entire concern list to determine whether any other concerns should be addressed.

Exercise: Barrier Analysis (Input Sheet)

Reasons for Failure <i>What could have been the cause?</i>	Level of Concern <i>1 = lowest level to 5 = greatest level</i>	Action Steps to Prevent Failure <i>What can I do differently?</i>

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This is an example Input form to use for your Barrier Analysis.

Exercise: Barrier Analysis (Results)

Top Concerns	Intervention(s)	Person Responsible
1.		
2.		
3.		

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This is an example Results form to use for your Barrier Analysis.

Step 5: Create a Communications and Tracking Plan for Training Rollout

Key Actions:

- Gather names and roles of the frontline staff who need to participate in training.
 - Identify goals for communication with this group. What do you want to achieve?
 - What information will you communicate?
 - When and how often will you communicate?
 - How will you communicate (e.g., reports, presentations, emails)?
- **Who** will you target for training?
 - **What** information will you communicate?
 - **When** will you communicate with them?
 - **How** will you communicate with them?
 - **How** will you track participation (completion of online modules + attendance at facilitation sessions)?



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Who will you target for training?

1. Frontline staff
Decision point: who does this include?
2. Gather names and email addresses for this audience

What information will you communicate?

1. The purpose and value of the Teamwork and Communication Toolkit
2. Expectations for participation
3. Spotlighted tools for current quarter
4. When and how to complete spotlighted modules online
5. Facilitation session schedule – Structure and scheduling of the facilitation sessions based on what works best for your unit and facility

When will you communicate?

1. Quarterly introductions to the spotlighted tools

2. Biweekly reminders to complete the spotlighted tool modules and facilitation session schedule

How will you communicate?

1. Email
2. In-person staff meetings
3. Other?

How will you track participation (completion of online modules + attendance at facilitation sessions)?

1. Develop a master tracking file (e.g., Excel).
2. Establish a plan for extending timeline for staff who have not completed (not too far out in the future)

Decision Points

- Who are you including in the training audience?
 - Nurses? Physicians? Med Techs? Midwives? Administrative staff?
- How often will you communicate the following information?
 - Expectations for participation
 - How to participate in the online modules and facilitation sessions
 - Which Teamwork and Communication tools are being spotlighted
- What is the best way to communicate with your staff?
 - In-person? Email? Other?
- How will you track your communications?
- How will you track frontline participation?



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Use this time to discuss some of the finer points of your communication plan with your staff. Consider what works for you and the culture of your organization. What is the most effective way to work within your organization?

Step 6. Plan Your Facilitation Sessions

Key Actions:

- Determine who needs to be trained on what skills and by when
- Develop a training plan for each audience
- Determine if refresher training is required
- Create training timelines

Reference Document:

AIM Team Lead Facilitation Guide

Who will attend the facilitation sessions?

- Frontline staff (step 5)
- Limit to 15 frontline staff per Hospital AIM Team Lead in attendance

What skills will you train on during the facilitation sessions?

- Follow the recommended schedule (step 3A)

When will the facilitation sessions occur and for how long?

- Multiple sessions during each timeframe (decided in step 3A)
- Short, poignant, focused on spotlighted tools

Where will the sessions be held?

- On-site location (e.g., break room)

How will you conduct the facilitation sessions (method of presentation, tools, supplies)?

- Interactive – practice and discussion

What are other logistics to consider?



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Schedule regular facilitation sessions (conducted by you, the Hospital AIM Team Lead) to complement the online training. We recognize you are working with busy professionals who have other job responsibilities and priorities and it's not always easy to get their time. Therefore, these sessions can follow whatever schedule is most useful and actionable within your unit and organization. However, attendees are expected to complete the spotlighted online modules prior to participating in the session.

You might need to conduct multiple sessions each quarter (or other preferred, specified timeframe) to capture all your staff. Focus each session on the two to three tools (in the online modules) spotlighted by your organization for that quarter or other preferred, specified timeframe.

Keep the sessions short and poignant. Ensure they are interactive for the participants, who are expected to participate in discussions and practice exercises.

Facilitation Session Ground Rules

- Focus on the **Spotlighted Tools** (Step 3A and Step 5)
- Staff are expected to **complete the online modules** for the Spotlighted Tools prior to attending a facilitation session
- Communication needs to **be open, transparent, and interactive**
- Sessions should **be interactive**
 - Are an opportunity to **practice, challenge, and discuss the value** of the tools and strategies trained
- Help staff feel **ownership and responsibility** for supporting patient safety by applying the strategies and tools



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- **Identify which bundles and online modules will be assigned to the Tier 1 frontline staff for completion and what the time frame will be.**
- **Staff should have completed all of the assigned online modules in the SPPC-II Toolkit** for that bundle-specific topic/4 R step prior to attending a facilitation session. Decide on a way to track this based on your facility's technical or other capabilities.
- Sessions should be predicated on **interactivity** between the facilitator and staff members.
- Communication should be **open, transparent, and interactive.**
- Sessions should provide all staff an opportunity to **practice, challenge, and discuss the value** of the tools and strategies trained.
- Staff should feel **ownership** and **responsibility** for supporting patient safety by applying the strategies and tools taught in the SPPC-II Toolkit to their clinical practice.

Managing a Facilitation Session

- **Summarize** the spotlighted tools (5 minutes)
 - What they are; how they apply to the clinical bundle.
- **Role play** and **practice** using the tools (15–20 minutes)
 - Leverage some of the exercises we used during the in-person workshop or create your own!
- Staff **share their opinions and experiences** with the tools (10–15 minutes)
 - Have they used the tools? What do they like or not like about them?
 - How can the tools be improved for use in your organization?
- Set individual or collective **goals and improvement plan** (5–10 minutes)
 - How can they help others use the tools regularly?
 - What can they do to integrate these tools into their own everyday practice?



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There are a number of ways you can host a facilitation session, and we encourage you to make it your own. The process outlined below is designed to help you be able to meet the unique needs of your staff.

The process is simple:

1. **Summarize the tools and strategies** the staff learned in the online component of training as a brief **5-minute** refresher.
2. **Role play and practice the strategies (15–20 minutes)**. Have staff practice using one or more of the tools and strategies with each other. You can break them into groups or dyads for this exercise, then reconvene and let them discuss as a larger group their experiences in the practice session. What was working and what isn't working? Do they have any concerns about using these tools in their everyday practice?

Tip! Ask staff to act out segments from the prewritten SPPC-II case scenario related to the clinical bundle (hemorrhage or hypertension) they are working to

implement. Alternatively, can also ask them to write their own short script. Not all groups need to work on the same tool or strategy. One way to maximize the opportunity may be to have different small groups separately plan a script and then act out the use of the tool for the larger class.

3. Ask staff to share their opinions and experiences using the tools and strategies (10–15 minutes).

- Have they had opportunity to use any of the tools/strategies? Which ones?
- Have them share recent examples from their own experience where using one of the tool/strategies they have learned could have been (or was) useful.
- Did they find the tools/strategies useful? Why or why not? Encourage staff to discuss openly what might be some pitfalls of the tools and strategies and offer suggestions for how to overcome these pitfalls.
- Which strategies have they not personally used? Why not? What would make it easier for them to adopt these strategies in their regular practice?
- Was there a time they tried to use a tool and it was not helpful? How did they handle it?
- Do they recognize when colleagues are using the tools? How do they show their colleagues support for adopting these teamwork and communication strategies?
- How do these tools map onto the 4 Rs of the AIM clinical bundles?

4. Set individual and collective goals and improvement plan for using the teamwork tools and strategies (5–10 minutes).

1. Which tools are priority for the clinical bundle stage (4 Rs) they're currently working on?
2. What is their goal for the next week? Month? Year?
3. How will they help each other integrate these tools into everyday practice?

Exercise: Developing Role Plays

- Choose a tool(s) you'd like to feature in a facilitation session
Check-Back and Call-Out | SBAR | Handoffs and I PASS the BATON | DESCR Briefs and Huddles | Debrief | Two-Challenge and Power Words
- Independently brainstorm different ways to interactively teach or practice your chosen tool
- Share your ideas with your group
- Refine your role play as a team
- Report out your ideas to the larger group



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Now we'll brainstorm some ideas for role playing and engaging your frontline staff in practicing with the different tools. If we're successful today, you'll all have a stack of ideas to take back to help you manage and plan your facilitation sessions for each tool. You may even come away with a few fully formed activities that you can adopt in your facilitation sessions. Our process will be simple:

1. Start by breaking into groups. If you're in tables, use those.
2. As a table, select a tool you'd like to work on. It would be great if each group chooses a different tool.
 - *Alternative: The workshop facilitator can assign tools to the groups, or have them draw a tool out of a hat. Or, there could be prepared envelopes with a tool inside that the facilitator can hand out to the tables that they must then work on. The idea here is that there aren't too many repetitive groups, unless it's a large workshop. Want folks to walk away with a range of ideas for each tool.*
3. Independently brainstorm a few ideas for how to engage folks in the tool (5 minutes max).
4. Refine a practice activity as a group.
5. Report your activity and other unfinished ideas to the larger group.

Step 7: Finalize Your Implementation Plan

Step	Lead	Completion Date	Required Resources
1. Who? <ul style="list-style-type: none"> • Will staff your Hospital AIM Team? • Are your key supporters? 			
2. Identify your AIM clinical bundle(s) for implementation			
3. Establish a plan: <ul style="list-style-type: none"> • For training roll out with timeframes • For evaluating your success 			
4. Conduct a Barrier Analysis to training rollout			
5. Develop a communication and tracking plan for training rollout			
6. Plan your facilitation sessions			
7. Finalize your implementation plan and schedule rollout deadlines			



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You might use a table like this to summarize your implementation plan and the progress you have made in completing it. Along with doing the following steps, you need to know who will lead them, in whole or in part. You also have to try and identify what resources they will require, and when you need to complete them by.

Use this as a checklist to ensure that you have or will cover all important aspects.

Now, we will do an exercise for you to determine the schedule you would like your hospital to follow to complete the whole Tier 1 training for your frontline providers (next slide), and then we will come back to this checklist.

Proposed Module Wave Launch Process

Key Actions:

- Check out the 4 Rs and Teamwork Alignment Chart for a summary of the application of the teamwork tools to your clinical bundle
- State which SPPC-II Teamwork Toolkit modules will be implemented, who will use them, and when and where they will be completed
- Recall the results of your Barrier Analysis and plan around these pitfalls (step 4)
- Determine the time frame in which rollout will be completed (e.g., 3 months, 6 months, 12 months)

Module Order:

Wave 1

1. Introduction
2. Call-Out and Check-Back

Wave 2

3. SBAR
4. I PASS the BATON

Wave 3

5. Two-Challenge Rule & Power Words
6. Briefs & Huddles

Wave 4

7. Debriefs
8. DESCR Script

Relevant Handout:

4 Rs and Teamwork Alignment Chart for Hemorrhage and/or Hypertension



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The objective :

- Schedule gradual rollout of online module assignments for frontline staff so as not to overburden them.
- Determine the order in which you want frontline to complete the Teamwork Toolkit modules. We suggest the four-wave approach above.
- Determine the time frame in which you would want all your frontline providers to complete all the modules (suggested: all within 3–6 months).

Key actions include:

- Check out the 4 Rs and Teamwork Alignment chart for a summary of the application of the teamwork tools to your clinical bundle
- State what SPPC-II Teamwork Toolkit modules will be implemented and in which order; who will use them, when and where.
- Identify risk points where things could or do go wrong. Remember, challenges can also be opportunities.
- Determine the time frame in which rollout will be completed.

Exercise: Scheduling Module Deadlines & Facilitation Session Dates

Activity	Goals	Example(s)	Your Actual Dates
Overall Rollout Time Frame	3 months, 6 months, 9 months, 1 year??	6 months: Mar. 1 to Aug. 31, 2020	
Wave Launch	Every 6 weeks	Wave 1: Mar. 1 – Apr. 15 Wave 2: Apr. 16 – May 31 Wave 3: Jun. 1 – Jul. 15 Wave 4: Jul. 16 – Aug. 31	
Facilitation Sessions <i>2+ may be needed per wave to serve all staff</i>	Last Friday, every other month, 1:30 to 2:30 pm	Apr. 24, 2020, 1:30 to 2:30 pm Jun. 26, 2020, 1:30 to 2:30 pm Aug. 28, 2020, 1:30 to 2:30 pm	
Communication & Tracking Reminders	2 weeks before wave start and 2 days before each facilitation session	Apr. 10/Apr. 22, 2020 Jun. 12/Jun. 24, 2020 Aug. 14/Aug. 26, 2020	



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Let's begin scheduling the actual rollout of your toolkit to frontline.

1. First, identify what time frame you'll be working within to roll out the complete toolkit. Consider your hospital's goals and objectives and what you think reasonable expectations are for your frontline based on their workload.
 - Specify start and end dates as project milestones. All other implementation dates should take place within these.
2. Second, decide how long each "wave" will last and which modules you will roll out at that time. We recommend rolling out a few modules at a time. What is the time frame that staff will be expected to be completing the modules during?
3. Plan your facilitation sessions. Ideally, you'll have a facilitation session at the end of each wave rollout, but you may need more than one to be able to serve all staff.
4. Communication and tracking reminders. When will you send out your communications to frontline? What frequency? What are the associated dates?

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