

Sepsis Hospital Improvement Team Guidance¹

In this document, we will:

- 1) Share guidance for creating a strong, effective **hospital improvement team** for implementing the Sepsis in Obstetric Care Patient Safety Bundle (PSB) in your hospital setting;
- 2) Review expectations of a hospital improvement team; and
- 3) Describe your TexasAIM Sepsis Collaborative **Core Team** and **Travel Team** member roles.

Creating a Strong, Effective Team

Creating an effective team is crucial to successful improvement. Select team members who strongly value participation and innovation, commit to achievement, adequately prepare for and test changes, take accountability, and participate in routine self-monitoring and adaptation throughout the change process. For each potential team member ask the following— Is this person:

- **Respected** for their **judgment** by a range of staff?
- Someone who enjoys being a **team player**?
- An **excellent listener**?
- A **good verbal communicator** within and in front of groups?
- A **problem-solver**?
- Not satisfied with the current system and processes and **wants to improve things**?
- Creative, innovative, and **enthusiastic**?
- **Excited** about change?
- What is the person's area of **skill or technical proficiency**?

Hospital Improvement Team Composition

Your **hospital improvement team** is a multidisciplinary quality improvement team responsible for leading change to implement and standardize the [AIM Sepsis in Obstetric Care PSB](#) at your hospital.

The team consists of physicians, nurses, administrators, and other key stakeholders who contribute their unique perspectives and practice-based expertise to garner resources, inform Plan-Do-Study-Act cycles, identify barriers, and create solutions to problems. **The size of your improvement team will depend on the size of the hospital.**

Your hospital improvement team composition may change over the course of

¹ The content of this section is adapted from materials of the IHI Breakthrough Series College.

the collaborative based on your hospital's focus. For example, if your focus is post-sepsis management, you may include physical therapists, occupational therapists, mental health support providers, and dietitians. If your focus is escalation of care, you may involve team members from a Rapid Response Team.

You may consider selecting members from the following disciplines to participate in Sepsis PSB implementation at your hospital:

- Advance Practice Providers
- Affiliated Public Health Partner(s)
- Anesthesia Provider
- Bedside Nurse/Traveler/Interim Nurse
- Chaplain
- Community Partner
- Communications Specialist
- Data Manager
- Dietitians
- Emergency Department Provider
- Information Technology/Electronic Medical Records Support Team Member
- Intensive Care Unit Team Member
- Infectious disease specialist
- Infection Prevention and Control Department Member
- Intensive Care Unit Team Member
- Lab Team Member
- Mother Baby/Postpartum Team Member
- Neonatal/Nursery Team Member
- Operating Room Team Member
- Patient Care Technician
- Physical Therapist (PT)/Occupational Therapist (OT)
- Mental Health Support Providers
- Patient/Family Representative
- Pharmacy Team Member
- Public Relations Representative
- Quality and Safety/Risk Management Team Member
- Rapid Response team member
- Respiratory Therapy Team Member
- Sepsis Coordinator for Hospital
- Simulation Team Members
- Social Worker
- Unit Clerk
- Other Influential Individual

Expectations of TexasAIM Hospitals

Hospitals will connect the goals of the Collaborative to the strategic initiatives in their organization and convene a TexasAIM Collaborative **Core Improvement Team** consisting of, at a minimum, a Day-to-Day Leader, Data Leader, Physician Leader, Nurse Leader, Project Sponsor, and Patient/Family Advisor to participate actively in the Collaborative process. Core Team members will:

- Actively participate in Collaborative Action Period Calls and in Learning Sessions to share learning and results;
- Submit monthly data and monthly progress reports that include information on changes being tested and/or implemented;
- Engage other team members as necessary to test and implement changes in the day-to-day work;
- Provide the resources to support the work, including time to devote to this effort (the equivalent of approximately 1 full time employee for project management for the duration of the Collaborative);
- Hold weekly team meetings, and allocate time for team to run PDSA [Plan, Do, Study, Act] cycles, for example,
- Engage senior leadership involvement and actively engage leadership in improvement work;
- Designate a senior leader to serve as Project Sponsor on the core team, to represent the entire senior team;
- Involve other units and team members as needed to engage in the frontline day-to-day improvement work. With the support and direction of the Core Team, these team members will:
 - Conduct tests of the recommended changes from the change package in alignment with their aim;
 - After successful testing and adaption, implement the changes in each unit; and
 - Identify and include a patient partner as a regular member of the Core Team and as partners in the front-line improvement work.

Travel Team Expectations (for Plus Teams only)

During the TexasAIM Plus Sepsis in Obstetric Care Learning Collaborative, your hospital will attend three in-person learning sessions and monthly action period calls. **Please identify up to 6-8 members to attend in-person learning sessions and action period calls consistently over the life of the collaborative.** Over time, these members will develop expertise on topics that will build on each learning sessions.

The Travel Team should have the following members:

- Day-to-Day Leader,
- Data Leader,
- Physician Leader, and
- **Up to 5 additional team members** from the following: Project Sponsor, Nurse Leader, Patient/Family Advisor and Additional team members. ***At minimum, the Project Sponsor must commit to attending leadership activities associated with this Learning Collaborative.***

Travel Team Meeting Attendance

It is extremely important to have consistent attendance from the same team members at each event to build team expertise over time.

Identifying Your Core Team

The **Core Team** is the heart of the larger Sepsis Collaborative TexasAIM Improvement Team and leads the team who is carrying out the work. Your Core Team is made up of **six** critical team member roles and includes a Project Sponsor, Day-to-Day Leader, Nurse Leader, Data Leader, Physician Leader, and Patient/Family Advisor. **Identify these team members on your TexasAIM Enrollment Form. They will receive communications about all key TexasAIM activities and events.** Below you will find detailed information on each role.

Project Sponsor

The Project Sponsor is the leader who is responsible and accountable to their organization for the performance and results of the improvement team. **In the case of the TexasAIM Sepsis in Obstetric Care Learning Collaborative, your sponsor should be a member of your hospital's Executive or Senior Leadership**

team. At minimum, the Sponsor must commit to attending leadership activities associated with this Learning Collaborative.

The team's sponsor should:

- **Encourage** the improvement team to set its goals at an appropriate level to meet organizational goals and reach agreement on the team charter;
- **Provide** the team with the resources needed, including staff time and operating funds, and a financial team member to help document the business case and help the improvement team with other cost issues;
- **Make it clear** to the team that they are supported and empowered with the time, resources, and authority needed to change organizational systems to accomplish their goal;
- **Facilitate** interdepartmental coordination and collaboration to successfully meet project goals;
- **Ensure** that improvement capability and other technical resources are available to the team;
- **Regularly review** the work of the team; and
- **Develop a plan** to spread the successful changes from the improvement team to the rest of the organization, including:
 - Communicating what is learned from the improvement work in ways that motivate and mobilize the entire organization.
 - Designating someone who will be responsible for leading the activities needed to support spread.
 - Actively participate in leadership track breakout sessions during learning sessions.

Day-to-Day Leader

A Day-to-Day Leader is a staff member who knows the subject of sepsis intimately and understands the processes of care. This person is the critical driving coordinator of the project and ensures that changes are tested and implemented. The Day-to-Day Leader also oversees and ensures data collection. It is important that this person understands not only the details of the system, but also the various effects of making change(s) in the system. This person also needs to be able to work effectively with the physician and nurse champion(s), other technical experts, and leaders. This person might be the

Maternal Program Manager, L&D Nursing Director or Manager, or someone from the Quality department. **Usually, the Day-to-Day leader devotes a significant amount of time to the improvement team's work, often 30 percent or more.** A Day-to-Day Leader should **have a working knowledge** of the area selected (in this case, experience with prior improvement efforts related to obstetric hemorrhage, hypertension and/or maternal health and safety); and has

- **Time allocated by senior leadership** to work on this project;
- **Motivation and excitement** about change and designing improvement;
- **Ability to organize, coordinate and motivate a functioning team** that works at an accelerated pace; and
- **Ability to carry the work of the improvement team beyond the pilot unit** to spread to units throughout the hospital that may provide services to women during pregnancy and postpartum.

Nurse leader

A nurse leader is a nurse with advanced leadership skills who can spearhead quality improvement initiatives and collaborate with health care professionals across disciplines. This team member has a deep understanding of obstetric clinical practices and patient care standards and applies strong analytic skills to patient data, clinical practice patterns, and feedback to pinpoint quality improvement opportunities. The nurse leader educates staff on the rationale behind the improvement initiatives, facilitates ongoing training on new practices, and address concerns or implementation barriers.

Data Leader

A Data Leader is a team member who understands the clinical processes on your unit(s) regarding sepsis. This person is responsible for coordinating data collection and responsible for regular data entry into the TexasAIM Data System (Qualtrics). This role also has access to the AIM data portal and decides who else within the hospital has access to it.

Physician Leader

A Physician Leader is a physician who believes in this effort and will support the required process changes. The Physician Leader is someone with authority to test processes, implement change and troubleshoot issues. This leader understands the clinical implications of proposed changes across the organization and **serves as a role model and champion for change within the hospital system.** The physician leader will be expected to attend learning sessions and regularly collaborate with the other members of the Core Team to co-lead organizational change processes.

Patient/Family Advisor

Patients and families with lived experience bring another kind of lived experience to the improvement team. Patients have experience with the system and can identify the needs and wishes of patients from their own perspective. Every hospital improvement team should include a patient or family advisor. We understand that working with a patient partner may be a new experience for your Improvement Team and that it may take some time to recruit a partner and incorporate them into your team. TexasAIM will provide technical assistance on selecting a patient advisor and engaging them in your hospital's quality improvement efforts. We encourage your Team to invite your Patient/Family Advisor on your travel team to attend the learning sessions. The hospital should cover travel costs for the Patient/Family Advisor.

Key Contact and Shipping Contact

Key Contact will serve as the primary team liaison with DSHS.

This person is responsible for coordinating with the full hospital improvement team, sharing important updates and communications, coordinating responses from the team to surveys or inquiries, coordinating team membership, following up on reports, and communicating with the DSHS TexasAIM team as needed.

Please select one core team member to **also** serve as your Key Contact/Shipping Contact. For example, you may select your Day-to-Day Leader, Data Leader, or any other team member to also be your team's Key Contact Person. ***The Key Contact Person will also serve as your hospital's shipping contact for TexasAIM mailouts unless otherwise noted.***