TEAMSTEPPS ASSESSMENT
Organizational Request and Readiness

This document will help you determine a readiness assessment for your institution for a TeamSTEPPS program rollout and also provide us with information to support you on the start and/or sustainment of that initiative. Detailed and complete information here will increase the chances of success with your TeamSTEPPS program.

Organizational TeamSTEPPS Readiness Assessment Survey

Answering these questions can help your institution understand its level of readiness to implement and sustain a TeamSTEPPS program. The questions are best answered by a group that includes multidisciplinary leadership.

Institution Name	
Project Sponsor Name:	
Highest Level of Buy-in (Title):	
EXISTING TEAMSTEPPS PROGRAM (if applicable)	
TS Currently Utilized (Yes?):	
# Already Trained:	
Depts / Roles Already Trained:	
Other Patient Safety Programs Currently Implemented:	
REQUESTED TRAINING	
# of Participants:	
Depts / Roles of Participants:	
Deadline for Training:	

Question	Response	
Clearly Defined Need	**YES**	**NO**
1. Have you clearly defined the need that is driving your institution to consider implementing TeamSTEPPS?		
2. Is building a stronger teamwork and safety culture an appropriate strategy to address your institution's need?		
Readiness for Change in Culture		
3. Is now the right time for implementing a culture change (i.e., it will not compete with other major changes currently being made at your institution)?		
4. Is a culture change that emphasizes the importance of teamwork and safety feasible and acceptable?		
5. Will your institution's leaders support culture change and the effort required to implement and sustain the TeamSTEPPS program?		
Time, Resources, Personnel		
6. Will your institution provide sufficient staff with the necessary characteristics and attitudes to serve as instructors?		
7. Will your institution provide sufficient staff with the necessary characteristics and attitudes to serve as coaches?		
8. Will your institution allow time to prepare the instructors and coaches for their roles?		
9. Will your institution allow time for personnel to attend training?		
10. Will your institution allow time for instructors to potentially customize the course?		
Sustainment of the Change		
11. Will your institution be willing to measure and assess progress and continuously improve processes?		
12. Will your institution be able to reinforce and reward positive teamwork behaviors and improvements in processes?		
TOTAL SCORE: (Add up total in NO column)		

<u>What Your Score Means:</u>

0-3 "No" — This is likely a good time. As you begin implementation, monitor whether these answers change.

4-6 "No" — You may not be ready on 1/3 to ½ of factors. This will negatively affect your potential of success. Take time to review the tips on enhancing readiness to determine if this is truly the appropriate time for your rollout.

7-10 "No" — Significant work is needed to raise the readiness level of your institution. Beginning TeamSTEPPS at this time could engender significant risk that it will not succeed. Consider postponing the implementation process for a few months and then take this survey again to see what if any factors have changed. Also, review the tips on enhancing readiness and follow suggestions.

TEAMSTEPPS GOAL(S)

The next few questions will help you think about your institutional / facility / unit needs and situation prior to attending a TeamSTEPPS course. It is important to think through these steps prior and come ready to begin the work on your improvement project.

What current initiatives or changes are ongoing currently in your institution? (Check all that apply)

Implementation of a new EHR

Leadership changes (in unit, facility, or institution)

Lean project(s)

Six Sigma project(s)

Baldrige

Studer

Other

TeamSTEPPS History

TeamSTEPPS Day 2 will include beginning work on your improvement project plan. To effectively use that time, it is important that you come with steps already thought through. The objective for this plan is to *specifically* identify and state the problem, challenge, or opportunity for improvement that the TeamSTEPPS intervention will target. This can be with a unit, facility, or institution wide.

The Urgent Need

Briefly state the problem, challenge, or opportunity that will be improved through teamwork. What is it that you will fix or improve? Be as specific as possible.

Data Measurement

How do you know this is a problem? Briefly describe the metric(s) your institution will (or already does) utilize to measure this problem, challenge, or opportunity.

Who, When, and Where?

Where does this challenge occur? When does the challenge occur? (e.g., day shift, night shift, shift change, handoffs, specific clinical circumstances) Who is involved in the process?

Timeline for goal progress or achievement

Briefly describe any required timeline or deadline for achievement of your goal(s) or timeline to show measurable progress. It is important that timelines are realistically achievable.

Patient Safety Programs

Does your institution currently have any other patient safety programs already implemented, recently implemented or planned for implementation? Please name or briefly describe the program. It is important that you also give timelines and status, such as "full implemented".

Success

What does success look like? How will you know when you have achieved success with this specific challenge?

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