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# Team of Teams: Our Road to No.1 in the Patient Safety Domain

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Memorial Hermann Texas Medical Center  
UTHealth Houston McGovern Medical School

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# Learning Objectives



- Discuss the methods employed to implement the Team of Teams approach.
- Identify key implementation programs to reduce patient safety indicators

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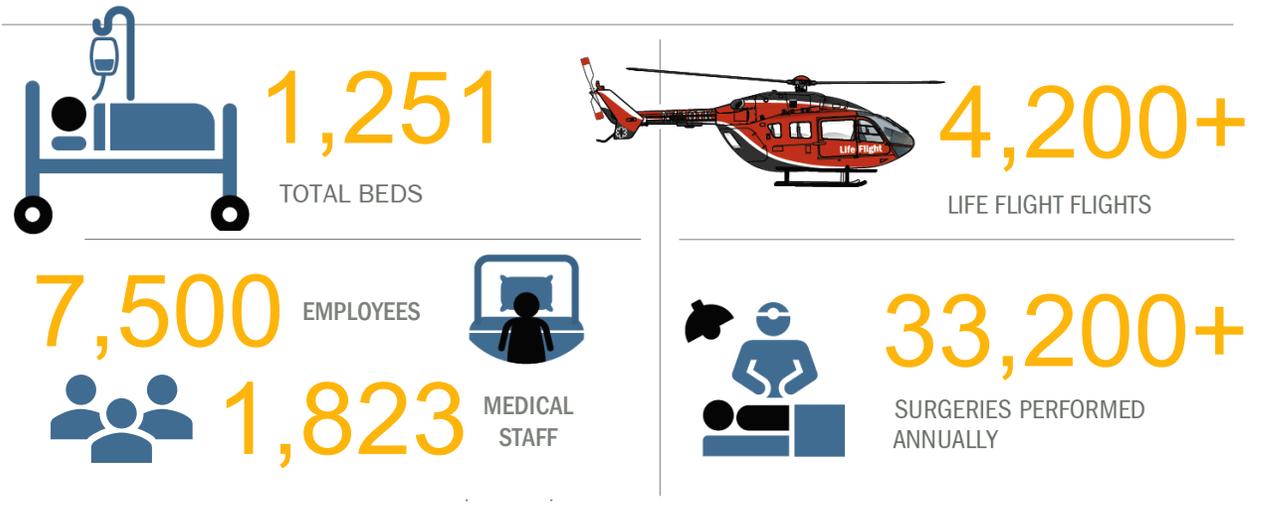
# MEMORIAL HERMANN<sup>®</sup>

## Texas Medical Center

Primary Teaching Hospital

#UTHealth Houston  
McGovern Medical School

- **11th** Largest Medical School in the U.S.
- **9,335** Total MD graduates
- **1,329** Total residents/fellows
- **1,907** Total faculty
- **5,829** Total staff
- **252** Million dollars in annual research expenditures



Children's Memorial Hermann Hospital



Memorial Hermann Orthopedic & Spine Hospital



Red Duke Trauma Institute



Heart & Vascular Institute



Mischer Neuroscience Institute



IRONMAN Sports Medicine Institute



Clinical Innovation and Research Institute



Transplant Center



The Women's Center



Cancer Center

**83,000**

EMERGENCY CENTER VISITS PER YEAR



**Busiest Level I Trauma Center In the country**  
– designated for both children and adults – capable of caring for entire family in the same facility.



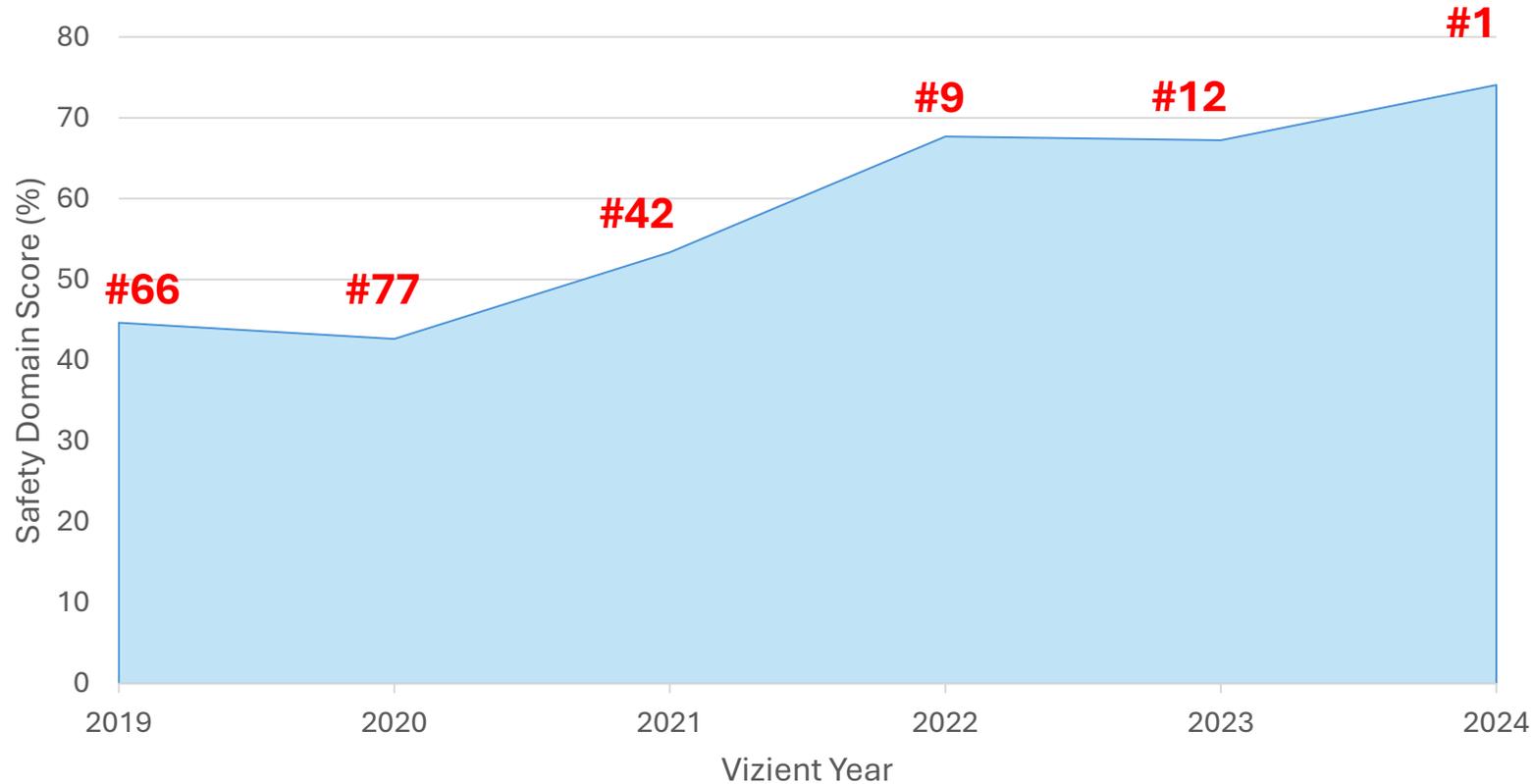
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FY 2023 DATA (July 1, 2022 - June 30, 2023)

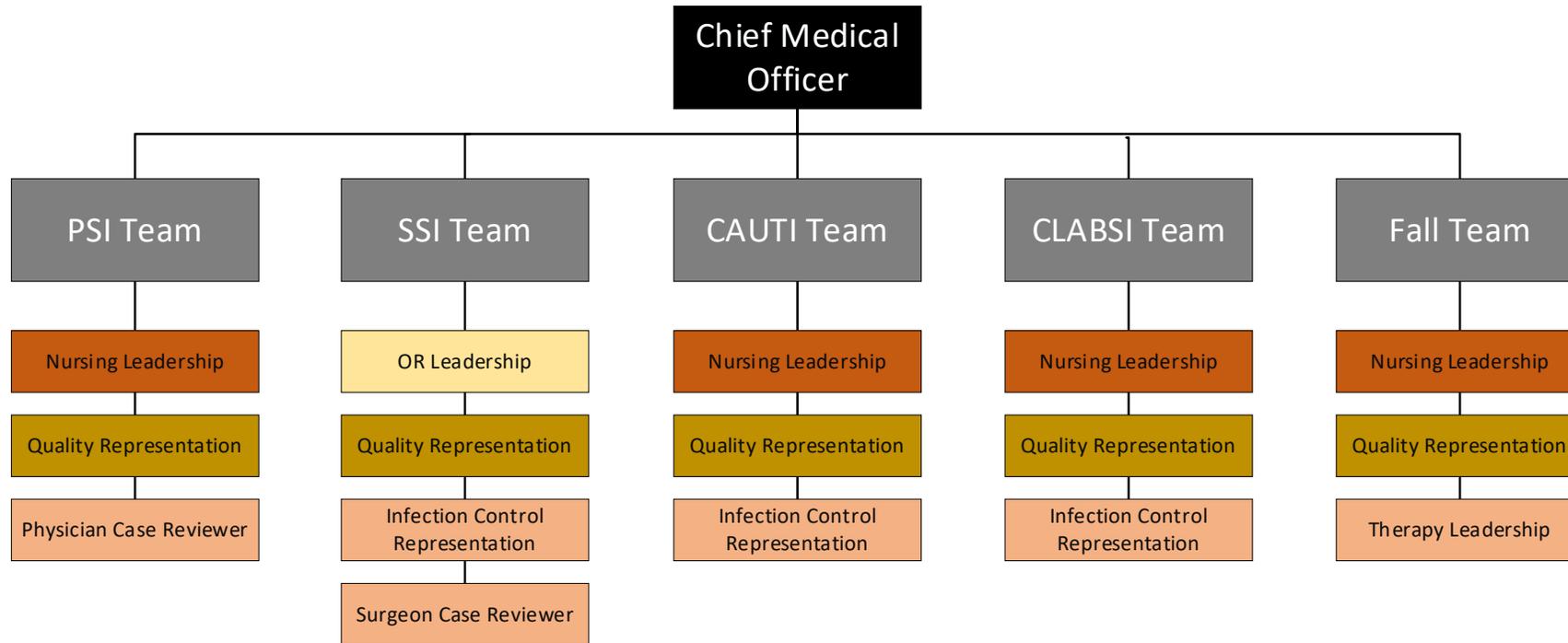
# MH-TMC Safety Domain Performance



Vizient Safety Domain Score and Rank by Year

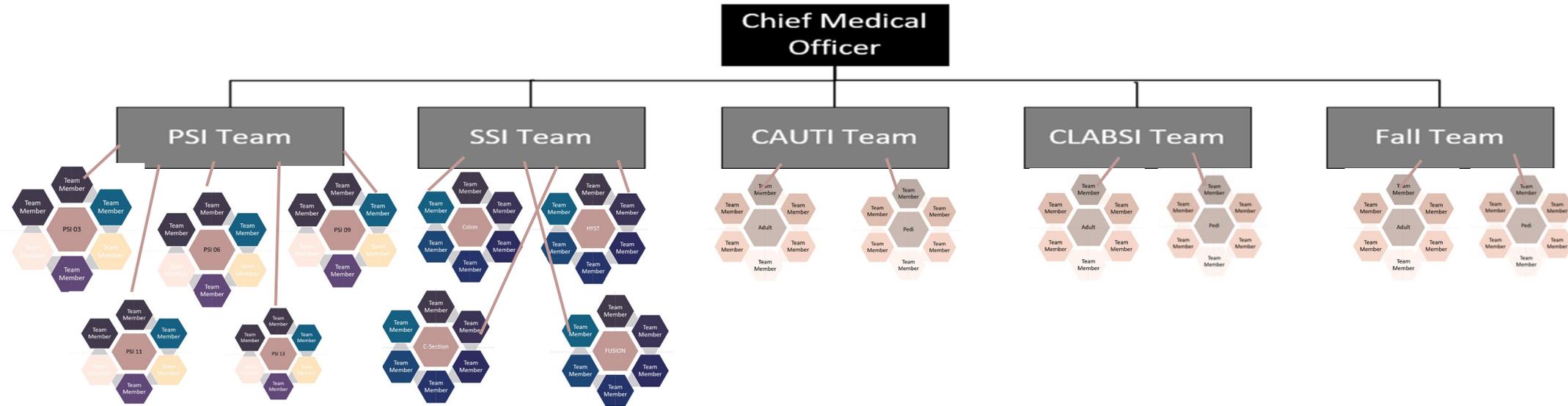


# Leadership Model: Command & Control



Structure	Decision Making	Communication Flow	Team Relationships	Adaptability	Speed of Response	Innovation	Ideal Environments
Hierarchical	Centralized	Linear, vertical	Individuals report up	Low	Slow (due to chain of command)	Suppressed (rigid)	Tasks are routine, environments are stable (e.g., code blue response)

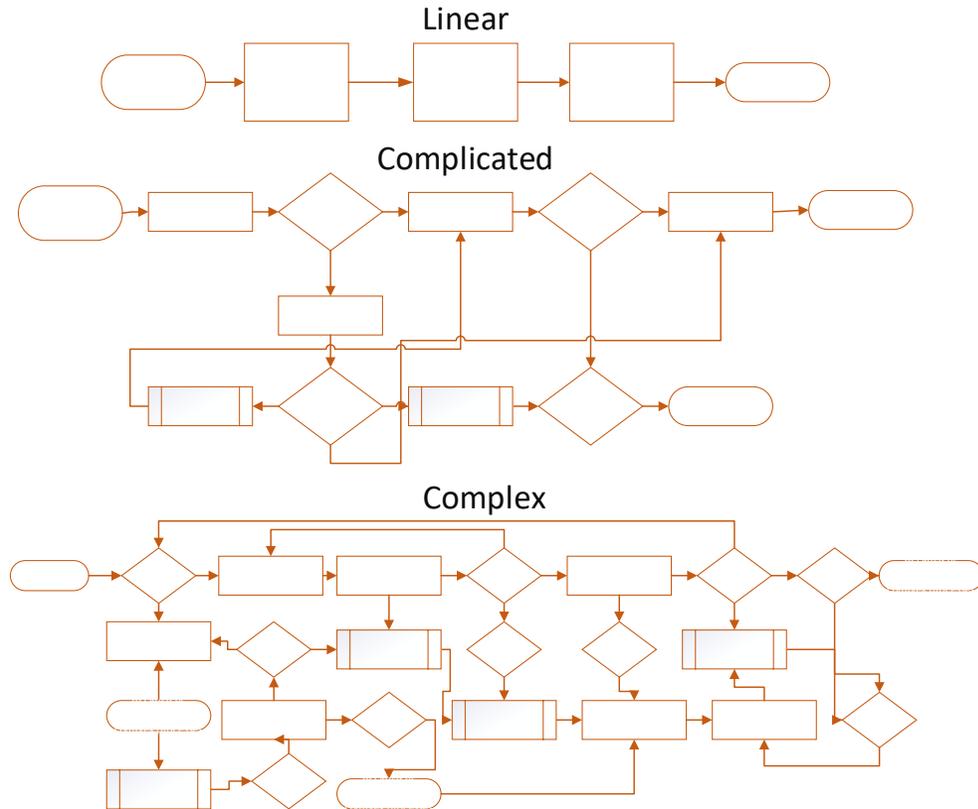
# Leadership Model: Command of Teams



Structure	Decision Making	Communication Flow	Team Relationships	Adaptability	Speed of Response	Innovation	Ideal Environments
Semi-hierarchical, siloed teams	Team leaders decide; still top-down	Between leaders, limited horizontal	Teams operate independently	Medium	Moderate (team-dependent)	Limited (local improvements only)	When functions are distinct but loosely coupled (e.g., different hospital departments)

# Background: Team of Teams Concept

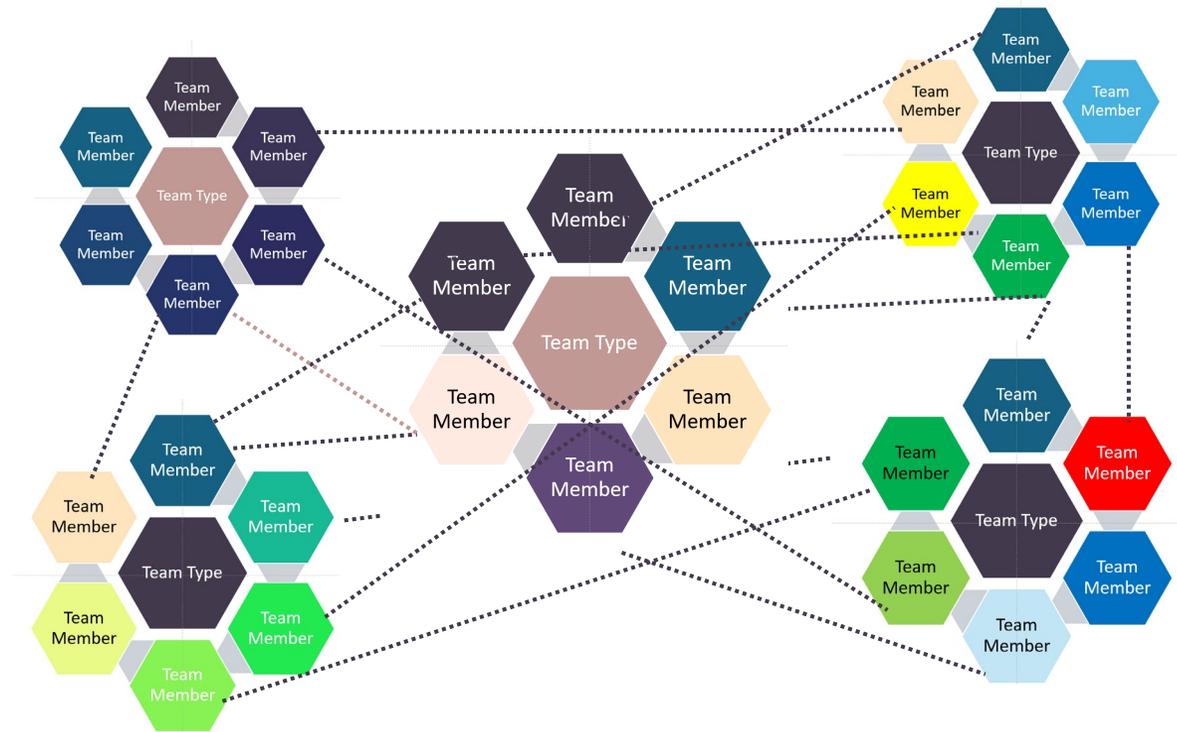
Based on “*Team of Teams: New Rules of Engagement for a Complex World*”



Process Type	Characteristics	Example
<b>Linear</b>	Simple, repeatable, step-by-step	Giving a flu shot
<b>Complicated</b>	Predictable but expert-driven	Heart surgery
<b>Complex</b>	Unpredictable, evolving, adaptive	Coordinating chronic care

McChrystal S, Collins T, Silverman D, Fussell C. *Team of Teams: New Rules of Engagement for a Complex World*. New York, NY: Portfolio/Penguin; 2015.

# Leadership Model: Team of Teams

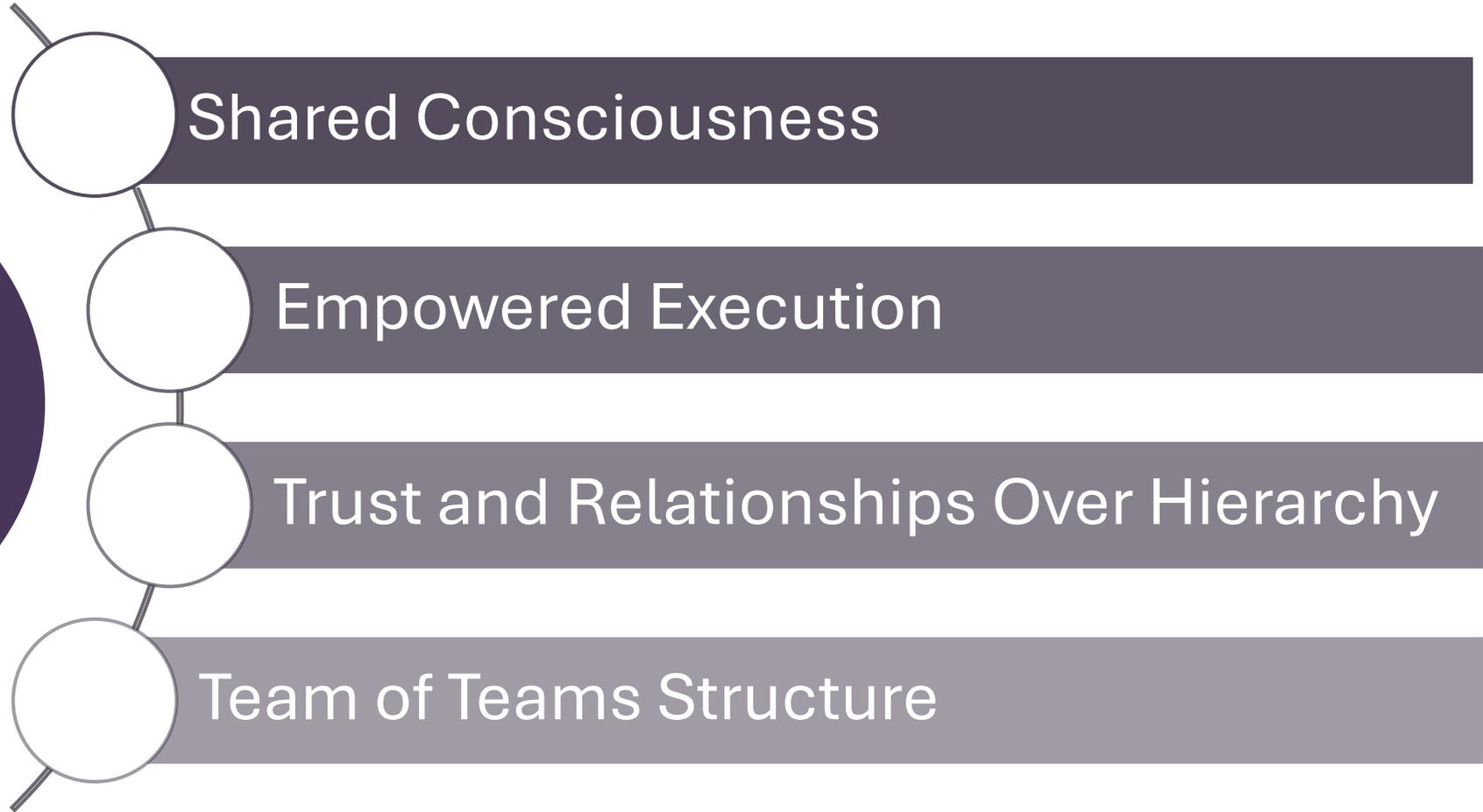


Structure	Decision Making	Communication Flow	Team Relationships	Adaptability	Speed of Response	Innovation	Ideal Environments
Networked, dynamic teams	Decentralized, empowered individuals and teams	Transparent, open, shared across all levels	Teams are interconnected and collaborate	High	Fast (frontline empowerment)	Encouraged (cross-team learning)	In complex, dynamic environments (e.g., pandemic response, safety culture transformation)

# Background: Team of Teams Concept



Core Principles of Team Of Teams



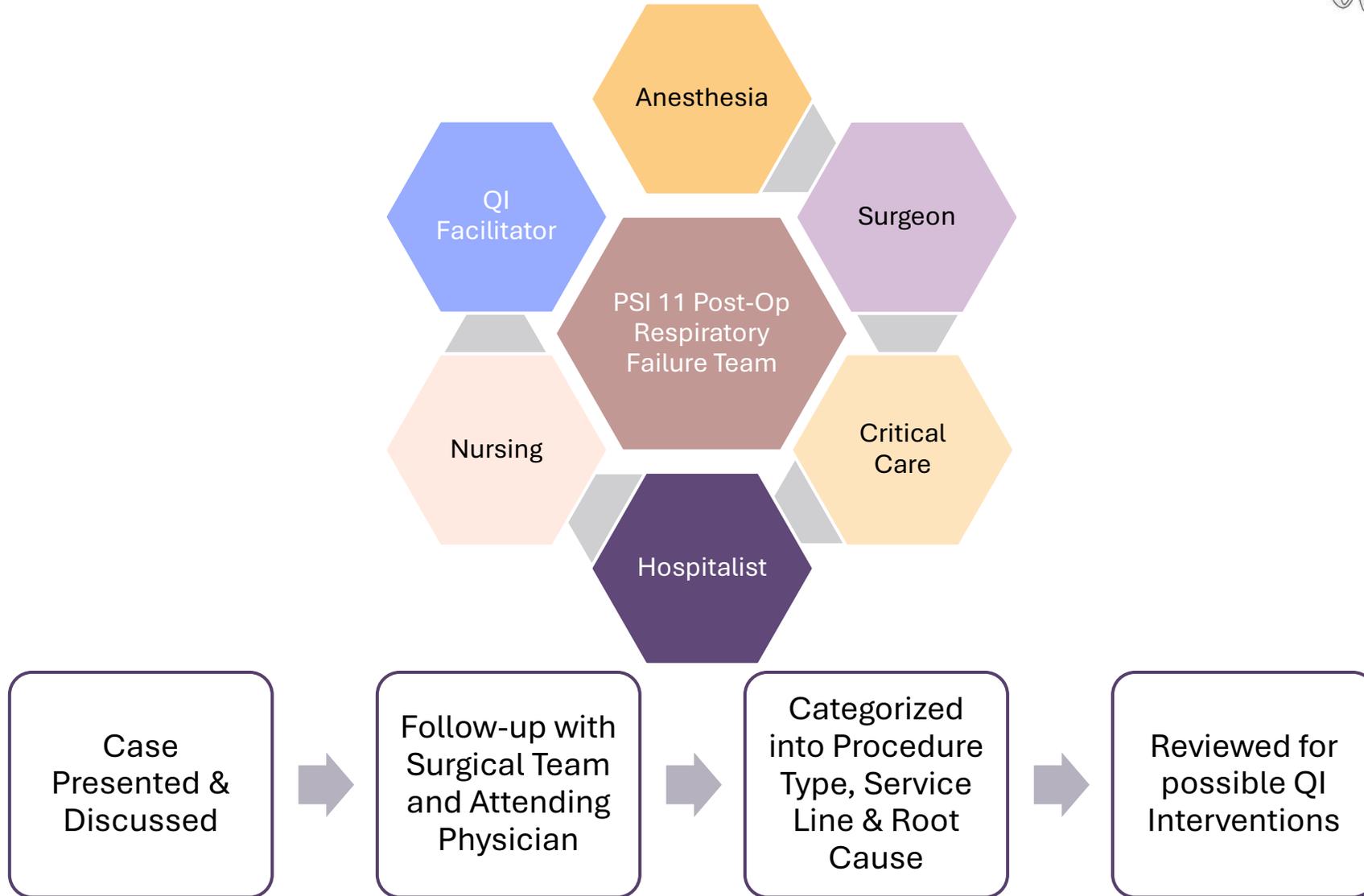
Shared Consciousness

Empowered Execution

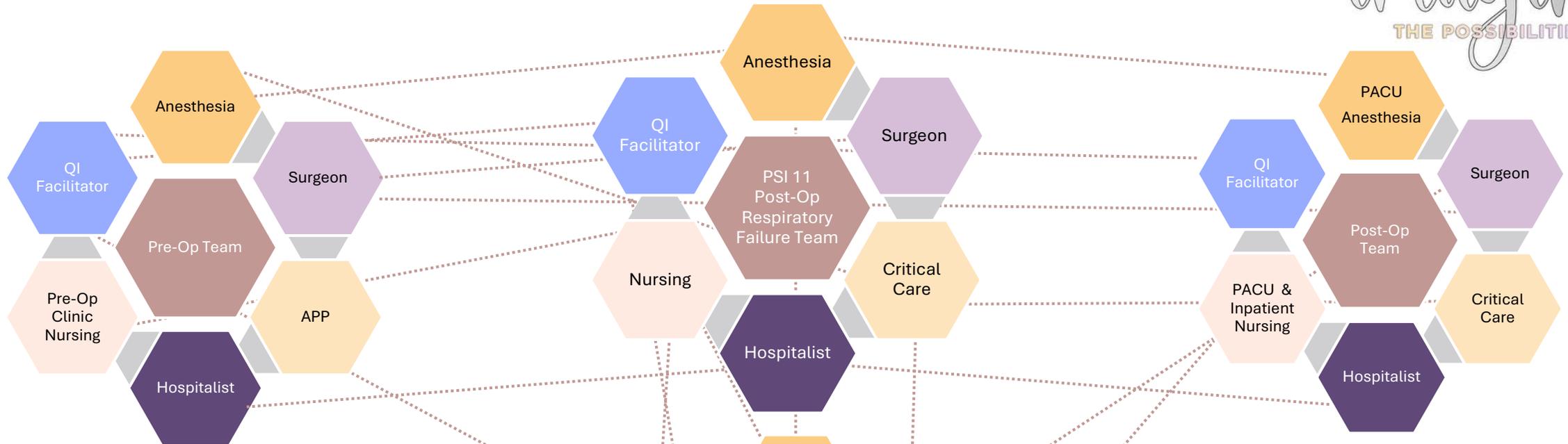
Trust and Relationships Over Hierarchy

Team of Teams Structure

# Example: PSI 11 Post-Op Respiratory Failure



# Example PSI 11 – Post-Op Respiratory Failure



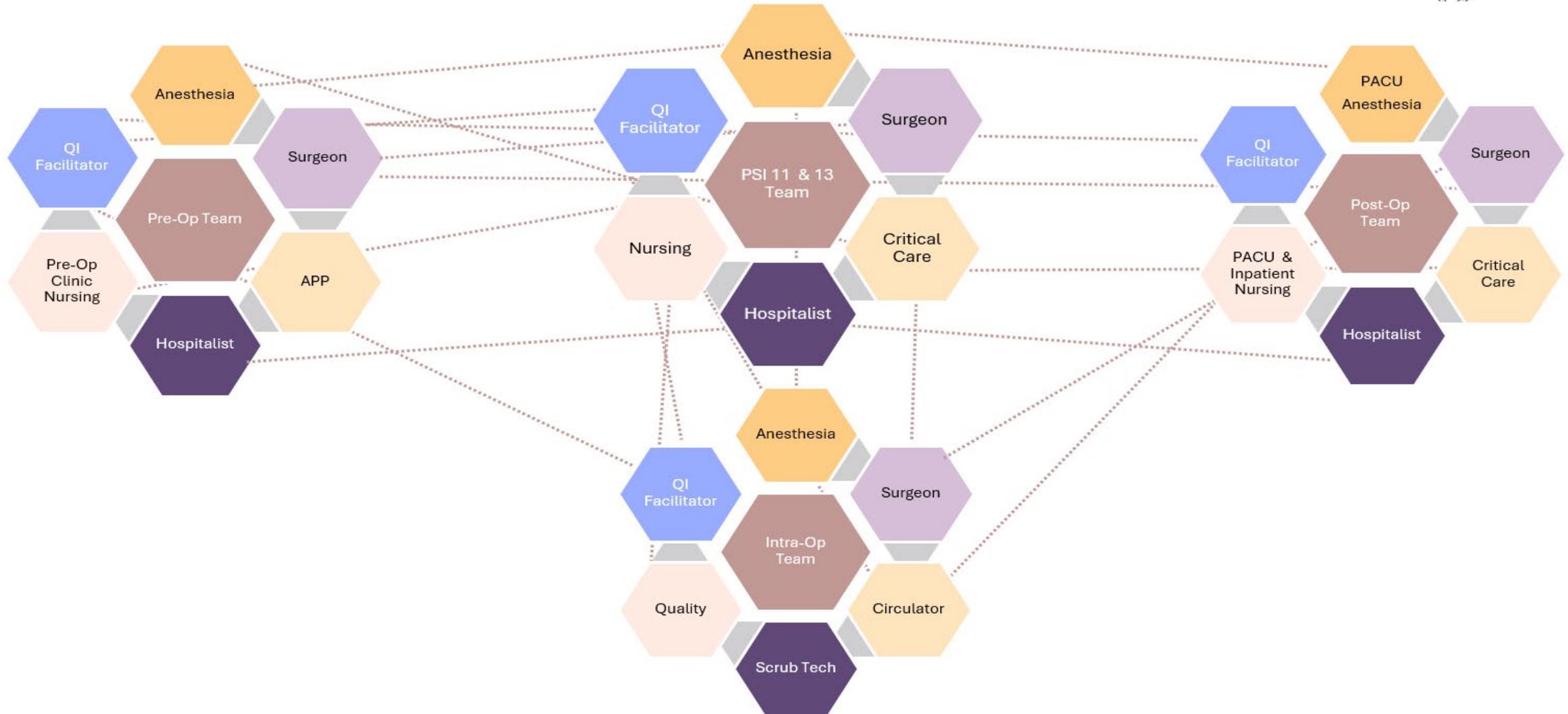
- ### Pre-Op Bundle
- Screen for High Risk Patients
  - Smoking Cessation as Indicated
  - Optimize for Chronic Pulmonary Conditions
  - Pre-Op Pulmonary Function
  - Pre-Op Pulmonary Training

- ### Intra-Op Bundle
- Lung Protective Ventilation
  - Opioid Sparing Pain Management
  - Reduce Aspiration Risk
  - Minimize Duration of Neuromuscular Blockade
  - Prefer Short-Acting Sedatives and Anesthetic
  - Conservative Blood Transfusion
  - Temperature Management

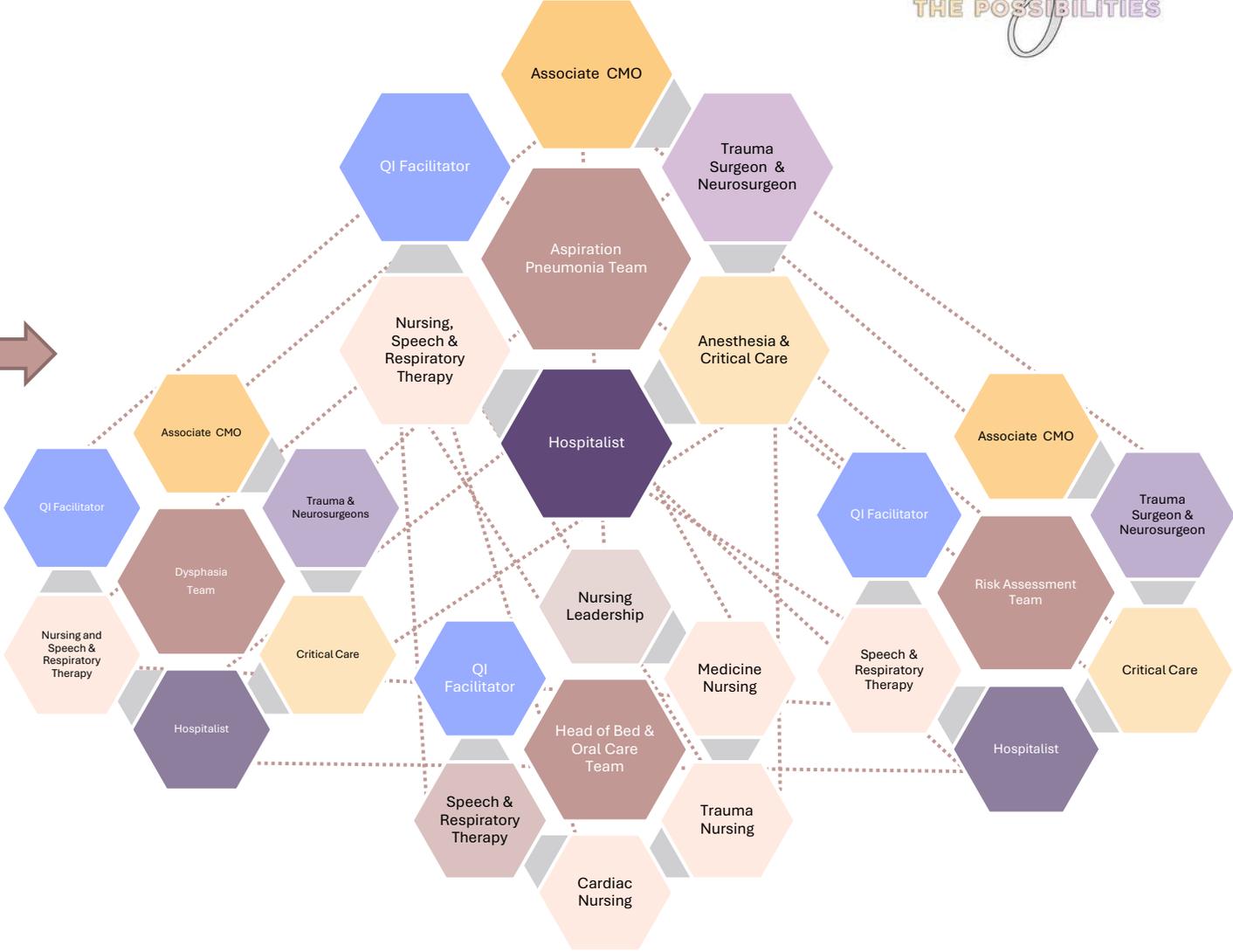
- ### Post-Op Bundle
- Early Warning Scoring Process
  - Ensure Patient Location is Appropriate based on Screening Process
  - Opioid Sparing Pain Management
  - ICOUGH Within 1 Hour of Extubation & Daily
  - Aggressive Consultation with RT Pathway Based Treatment
  - HOB elevation
  - Aspiration prevention



# Example PSI 13 – Post-Op Sepsis



# Sprouting of New Root Cause: Aspiration Pneumonia



# PSI 11 Post-Op Respiratory Failure Results

# PSI 13 Post-Op Sepsis Results



Data Source: Vizient 2021, 2022. 2023 & 2024 Comprehensive Academic Medical Center Quality and Accountability Memorial Hermann - Texas Medical Center Performance Scorecards

# Other Examples



## Most Impactful Interventions

- Ultrasound-guided central line placement curriculum with clear escalation protocol
- Realtime electronic mechanical ventilation dashboard targeting tidal volumes of 6-8 cc/kg
- Dedicated weighted feeding tube insertion team by visualization



## Most Impactful Interventions

- Realtime hypoglycemia dashboard review
- Post-event analysis
- Ongoing nursing and physician re-education on:
  - NPO status
  - Renal dysfunction
  - Tube feeds

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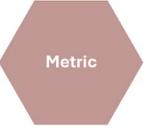


## Most Impactful Interventions

- Pharmacy-driven warfarin dosing
- Realtime warfarin dashboard
- Discharge coordinator for post-discharge warfarin monitoring

# Strategic Roadmap: Adopting a Safety Team of Teams Model



	Steps	Tools
	Step # 1: Select Metric	Dashboards, Benchmarking Tools, Regulatory Reports, RCAs
	Step # 2: Determine Stakeholders	RACI, SIPOC, Organizational Chart
	Step #3: Collect & Analyze Baseline Data	Pareto Chart, Histograms, SPC Charts, Heat Maps
	Step # 4: Determine Root Cause	5 Whys, Fishbone, FMEA, Affinity Diagram
	Step # 5: Identify which Satellite Teams should be engaged (Repeat Steps # 3 & 4 at Satellite Team Level)	Does the problem involve more than one workflow or system?
	Step # 6 a: Brainstorm solutions 6 b: Select Solutions to Test	Silent Brainstorming, Mind Mapping, SCAMPER Impact-Effort Matrix, Dot Voting, Prioritization Matrix
	Step # 7: Pilot Solutions	Multiple PDSA Cycles, IHI Pilot Checklist
	Step # 8: Implement Solutions	Implementation Checklist, Training & Education Modules, Communication Plan, Feedback Mechanisms, Control Plan

**Pivotal Factor in Achieving Outcomes: regular cross-team briefings or huddles to share updates, challenges, and evolving priorities**

# Key Takeaways



## Core Safety Leadership Team

- Set strategy, allocate resources, and remove barriers
- Ensure all team members understand the broader mission, strategy, and how their work contributes to system-wide goals

## Functional Cross Functional Safety Teams

- Each focused on a key reportable metric
- Each team operates autonomously but communicates and aligns via shared goals and data

## Shared Consciousness

- Provide open access to real-time data, dashboards, and performance metrics across all teams
- Facilitate regular cross-team briefings or huddles to share updates, challenges, and evolving priorities

## Empowered Execution

- Teams empowered to trial new processes
- Use PDSA Cycles with a low administrative burden
- Team strategizes ways to meet them, aligning interventions with the realities of frontline work

## Trust and Relationships

- Foster Interdisciplinary Collaboration
- Promote a Culture of Compassion and Safety

# Lessons Learned



- Shifted our mindset from complicated systems to complex adaptive systems, transforming our approach to safety
- Moved from hierarchical structures to networked flexibility, enabling real-time adaptation over static safety protocols
- Strengthened cross-functional collaboration, increasing our ability to navigate and manage complexity

# References



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