Midterm exams are over, and as we enter November, the final full month of classes, it remains imperative to continue the pace the semester has set and to complete our coursework with the same vigor in which we started it. Luckily, we have Thanksgiving Break to look forward to. I hope you all have safe journeys home and plenty of time to relax and recuperate.

Remember to participate in the 3rd Breakfast with the Expert seminar for this fall on Tuesday, November 13th at 8:30 am (with a light breakfast at 8:15 am). Our expert speaker this month is Mr. Tony Benton, CEO, Franklin Woods Community Hospital, Johnson City, TN.

This month, the newsletter is focusing on teamwork and its importance in our professional and scholastic endeavors. To begin, here are some quotes that highlight the importance of teamwork.

“A Few Quotes for Your Thoughts”

“Teamwork divides the task and multiplies the success.”
~Author Unknown

“Coming together is a beginning. Keeping together is progress. Working together is success.”
~Henry Ford

“Teamwork is the ability to work together toward a common vision. It is the fuel that allows common people to attain uncommon results.”
~Andrew Carnegie

“Remember upon the conduct of each depends the fate of all.”
~Alexander the Great
This article is about an initiative that began two years ago within the Office of the National Coordinator (ONC) for Health Information Technology, Department of Health and Human Services, which sought to build 17 'dream teams' around the country through an initiative called the Beacon Community Collaborative Program. These teams are building and strengthening health information technology (HIT) infrastructure and information exchange. They are also testing innovative approaches to health care, and pursuing sustainable health care programs for quality and efficiency.

http://www.insideindianabusiness.com/contributors.asp?ID=2317

This article is about Comprehensive Unit-based Safety Programs (CUSP) that were created to help hospitals reduce central line-associated bloodstream infections (CLABSIs). They have been quite effective by reducing CLABSI by ~40% in more than 1100 U.S. intensive care units. It is a team effort between The Agency for Healthcare Research and Quality (AHRQ) and hospitals - hospitals are now able to receive a CUSP toolkit that can be tweaked to fit any hospital environment.

http://www.medwirenews.md/502/101547/Preventive_medicine_and_public_health/Frontline_team_work,_safety_practices_slice_hospital_infection_rate_by_40.html

This article is about how the biggest teamwork in health care today is between patients and physicians. By creating electronic health records that patients can read and utilize, health care is being revolutionized to give more power to patients. In other studies, it has been shown that these initiatives increase the likelihood that patients follow the plans recommended by their physicians and take the medicine prescribed.


This last article is about interdisciplinary collaboration. It describes the new physician training plan for Dalhousie University. This plan encompasses a single team of health professionals who collaborate to deliver comprehensive services to patients in the same visit and to provide patients with one discharge report. This approach allows different disciplines to come together to decide the best way to treat patients.

http://www.dal.ca/news/2012/07/10/better-teamwork-for-better-health-care.html
In today’s world, health care is a vast and continually changing field — one that requires those working within its boundaries to have the skills and knowledge needed to traverse it. One of the fundamental skills needed is the ability to work within teams, often multidisciplinary, to meet the needs of the community. Health care workers must be willing and able to share and create ideas amongst their peers and within communities to ensure that we meet the needs of the communities we serve.
We have all heard the term ‘teamwork’ many times through our lives, but what exactly does it mean? Many times, when we are assigned projects to be done in teams, there is both a sense of ease and foreboding—there is less work for the individual and many more sources of ideas, that is, if the team can work collaboratively.

This newsletter isn’t an answer to all of the problems teams may face, but it is a source of information on ways to make teams more productive and reasons why teams are so important, especially in Public Health fields.

We have all heard the term ‘teamwork’ many times through our lives, but what exactly does it mean? Many times, when we are assigned projects to be done in teams, there is both a sense of ease and foreboding—there is less work for the individual and many more sources of ideas, that is, if the team can work collaboratively.

This newsletter isn’t an answer to all of the problems teams may face, but it is a source of information on ways to make teams more productive and reasons why teams are so important, especially in Public Health fields.

Teamwork is working with others to achieve goals more quickly and in more innovative ways than one could achieve on their own.

In health care, teamwork has the ability to improve quality, create new solutions and reduce the workload of individuals. Working within clearly defined infrastructures, teams have the ability to find solutions to persistent problems, because they bring together people with different strengths and insights.

Resources:
Teams and Teamwork—How Collaboration Achieves More

FACTORS FACILITATING TEAM SUCCESS:
- Clear recognition that teamwork is expected and valued.
- Teamwork is modeled in all levels of an organization— and between levels.
- Team successes are acknowledged and rewarded.
- Minor conflict, when supervised, can produce better ideas.
- Clearly defined goals and action plans for the team.

FACTORS HINDERING TEAM SUCCESS:
- Adding new team members— teams should be constant.
- Large teams— the smaller the team, the more effective the collaboration.
- Ambiguously stated objectives— clear goals and frameworks are needed.
- Communicating primarily through technology— face-to-face teamwork is best.

“Strengthening public health means that we need to inspire, we need to explain, we need to communicate. We need to create a commitment to change and spelling out the health challenges powerfully and imaginatively helps to create that impetus. Some of the great public health leadership of the past which connected directly with the public and which could influence policy makers is not there in great plenty in today’s world, yet it is needed just as badly.”

- Sir Liam Donaldson

In order to achieve what is promised by Public Health, we must learn to work within Interprofessional teams in order to fulfill our goals in furthering community health.

Resources:
7. http://blogs.globeuniversity.edu/2012/07/10/unlocking-the-key-to-teamwork/
In keeping with the idea of teamwork, this month I have asked our professors a question that aligns itself with this topic.

**Question:** "Teamwork is vital in both academic and professional pursuits. What is an example of how important teamwork has been in your work or what are some of your insights on...

**Answers:** Teamwork is integral and embedded in everything I do, so it is difficult to think of scenarios where I have worked alone in public health. In the best teamwork scenarios, you have a diverse group of people bringing an array of skill-sets that can augment one another. One of the prime examples involves a librarian researcher to conduct literature review, a statistical person to conduct analyses, and other duties assigned to people based on their skill-sets. Teamwork is at its best when roles are clearly defined at the beginning, goals set, and deadlines adhered to. However, I have been in several teamwork situations that have not been as successful or enjoyable. These have tended to be less successful when roles weren’t defined from the beginning, and measures of success or goals for the project weren’t specified or were changed throughout the project. Sometimes teams can be too big to get anything accomplished; for example, getting a policy paper written with 20 people may be too big compared to just 5-6 people. One of the most valuable things teamwork can teach you is how to deal with different personalities. Sometimes you will find that you work better with certain people. For other projects, you may not have a choice of who you work with and have to learn how to work together. Learning early how to navigate a multitude of personalities and successfully accomplish a project can be one of the most valuable skill-sets you bring to any job.
As a health services manager, we are trained in the principles and practices of organizational planning, staffing, organizing, directing, and controlling. Health services organizations are complex, and the vast range of managerial and/or operational situations require expertise, or at minimum, input representing a wide array of interdisciplinary perspectives beyond your own areas of expertise. If you are wise, you will recognize this early in your career and always tackle a tough challenge by bringing the appropriate talent, expertise and creativity together.

Here is a personal example: My first appointment as a hospital CEO was to an old and somewhat obsolete facility in central Kentucky. To give you an idea of how old it was, one of our practicing physicians was born at that hospital fifty years earlier, and the surgical operating rooms still had window mounted air conditioning units! It became evident that continuing to operate safely, efficiently and competitively would require designing and constructing a new replacement facility. The only other option was to close the hospital, and for a variety of reasons (including some that were quite political), that option was not viable. The scope of this project would span processes beginning with acquiring a Certificate of Need, negotiating hundreds of contracts, designing and constructing the facilities, meeting the needs and expectations of medical, clinical, regulatory agencies and community stakeholders, not to mention the corporate executives in Nashville, because this was a $20 million commitment in a rural community of approximately 25,000 residents.

Could you have completed all this by yourself? Of course not, me either, but even at this early stage in my career, my training prepared me to recognize and assemble the necessary expertise and skills to coordinate and facilitate the multitude of processes necessary to get the job done. You are getting those skills as well. While I did not hammer one nail, hang one sheet of dry wall, or position the lights in the operating room [maybe I should have because the surgeons were not satisfied with the way they were installed], the happy ending was we got the job done on time, below budget (barely,) and because of this team effort, this new hospital helped recruit additional medical staff and most importantly provide access to state-of-the-art-secondary-level medical care to the community of Lebanon, Kentucky. The economic development impact was a welcome bonus to the town as well.

Prior to working in academia, I worked, for a large non-profit, tertiary care teaching hospital in Columbia, SC. The army base in Columbia, Fort Jackson, did not offer delivery or neonatal services at its hospital and was looking for a way to cut its costs related to services provided off-base (they had historically paid providers on a fee-for-service basis). I was part of a team that responded to Fort Jackson’s RFP (Request for Proposal) for bundled OB/Pediatric/hospital services under one pricing contract. This effort required participation among interdisciplinary representatives both within and outside the hospital (e.g., we did not employ all of the OB-GYN and Pediatric physicians who were part of the team). The negotiations were intense as all parties tried to maximize their share of the revenue stream while keeping the goal of submitting a low bid response to the RFP. Our hospital/provider group was awarded the contract, and I added a great dose of team-based experience.
In today’s work environments, teamwork is not an option or a plus. It is a key strategy for organizational success and for channeling the creativity and potential of employees towards the achievement of a common goal. Teamwork facilitates the pooling of human and other resources and guarantees a high-quality product that cannot be achieved otherwise. Here in the Department of Health Services Management and Policy, teamwork is how we get everyone involved and motivated. Teamwork is how we secure buy-in from multiple stakeholders. Teamwork is how we strategically plan and how we improve performance. As such, there is no shortage of examples of team effort. Our courses teach teamwork through student group projects. Our research activities involve teamwork between faculty and student research assistants. Special programs, such as the Breakfast with the Expert, rely on collaboration between and among the department faculty and practicing professionals. The on-going re-structuring of the bachelors program in public health offers a great example of a team project that involves faculty from multiple departments in the College, with leadership of the Undergraduate Coordinator, and input of students, alumni, field preceptors, and employers. The MPH Operations Committee, which oversees our MPH program, is another example of a team effort that includes four department chairs, with leadership of the MPH Coordinator. And last but not least, is the Monday Dose, another prime example of a team project with student leadership and faculty collaboration.

Obviously, the examples are many and varied, but all share a common theme. Teamwork is the “name of the game,” and the game has simple but critical rules. For teamwork to work, the team should include representation of the key stakeholders, and everyone’s voice should be heard and respected. A team leader should be identified, and the roles of the different team members should be clarified and agreed upon. Similarly, the goals of the team and its “game plan,” including tasks/activities, deliverables, timeframes, and resources, should be developed early on and understood by everyone. While all team members should be held accountable for their actions, teamwork is not about blame or finger-pointing, but rather about facilitating everyone’s involvement by allowing them to contribute their unique skills and talent. I am a true believer in teamwork, and I hope you are too!

Biomedical research involves people with different professional backgrounds and orientations working together for a common purpose, i.e., to improve the health status of individuals and populations. Without the ability to work together, it is difficult to achieve this goal. In my professional life as a researcher, I have collaborated with people in this country and overseas to successfully publish papers. Can you imagine that I have never met some of my co-authors, including those involved in a recent book, “Global Tobacco Control: Power, Policy, Governance and Transfer”? It requires teamwork and dedication on the part of each team member to produce successful biomedical research.
I am a firm believer that inter-professional teamwork is critical in the healthcare setting. Improving quality of care is directly impacted by the ability of professionals from different disciplines to work together. Unfortunately, the natural tendency is for healthcare providers to work in “professional silos”. These silos might be between providers such as nurses, therapists, and surgeons; divisions between departments such as radiology, lab and the emergency room; or divisions between areas of specialization such as neurosurgery, orthopedic surgery and radiation oncology. Individuals work and communicate within their silo, but the silos often times don’t pro-actively interact with one another to coordinate activities and processes. This can mean fragmented care for the patient and may even lead to medical errors and safety issues.

My most rewarding professional experiences have happened when teams of people from the different silos came together to focus on what is best for the patient. The outcome is even better when physicians participate in the interdisciplinary team and help develop care processes. I worked as a consultant helping hospitals develop orthopedic centers of excellence. The primary method for establishing a center of excellence is having a team led by a physician medical director and a program coordinator pulling nurses, therapists, operating room techs, surgeon office staff, schedulers, dietary staff, hospital administrators and even housekeeping together. It’s very interesting to watch the conversations that happen when different people initially come together. Usually, each department has no idea how or what they do impacts the other departments, or what the patient experiences before or after they complete their piece of the puzzle.

I find that often times, healthcare professionals don’t work in teams, because they are immersed in their own challenges and don’t take the time to understand the big picture or system. Sometimes people are afraid of conflict and won’t reach out to someone outside of their silo for fear of “rocking the boat”. It can be easier in the short term to create some kind of work-around versus pulling a team of people together and figuring out how to improve a process. However, healthcare organizations with high quality of care measures and high employee and physician satisfaction are using inter-professional teams to make positive, longer term changes. One hospital I worked with was able to reduce their blood transfusion rate by 73% (a significant reduction of patient risk and cost) by having a team of physicians, pre-operative nurses, pharmacists, and medical assistants come together and develop a new process to prepare patients pre-operatively before their surgery.

In my experience as a healthcare administrator and consultant, teamwork is a key ingredient in improving quality. Having people with different expertise and knowledge come together and work as a team is how continuous improvement is achieved.