Pocket Guide

TeamSTEPPS® 2.0

**Team Strategies & Tools
to Enhance Performance
and Patient Safety**

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Framework and Competencies

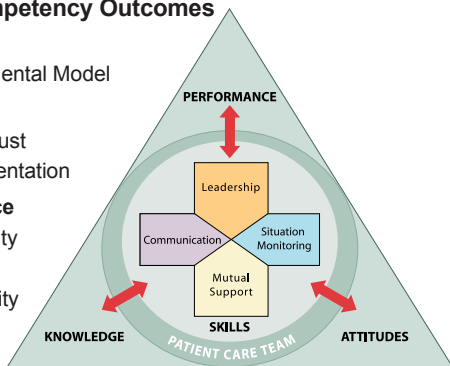**Team Competency Outcomes**

Knowledge
 • Shared Mental Model

Attitudes
 • Mutual Trust
 • Team Orientation

Performance
 • Adaptability
 • Accuracy
 • Productivity
 • Efficiency
 • Safety

TeamSTEPPS has five key principles. It is based on team structure and four teachable-learnable skills: Communication, Leadership, Situation Monitoring, and Mutual Support. The arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care and support quality improvement. Encircling the four skills is the team structure of the patient care team, which represents not only the patient and direct caregivers, but also those who play a supportive role within the health care delivery system.

...TeamSTEPPS is an evidence-based framework to optimize team performance across the health care delivery system.

Key Principles

Team Structure

Identification of the components of a multi-team system that must work together effectively to ensure patient safety

Communication

Structured process by which information is clearly and accurately exchanged among team members

Leadership

Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources

Situation Monitoring

Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning

Mutual Support

Ability to anticipate and support team members' needs through accurate knowledge about their responsibilities and workload
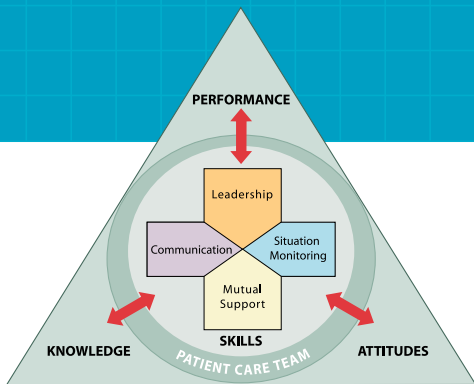
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Team Structure

Multi-Team System For Patient Care

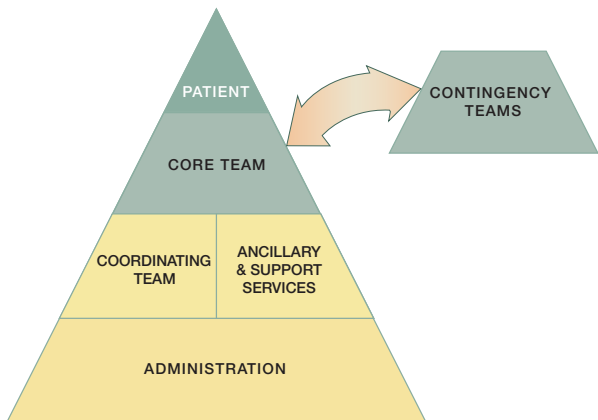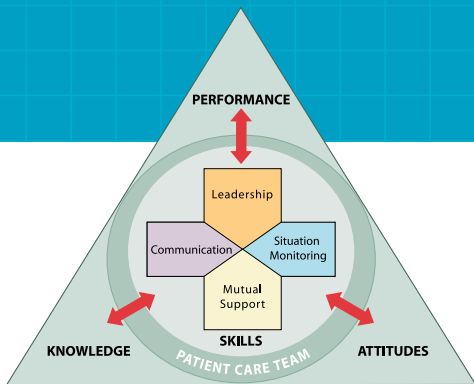**Safe and efficient care involves the coordinated activities of a multi-team system.**

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Communication

SBAR

A technique for communicating critical information that requires immediate attention and action concerning a patient's condition

Situation – What is going on with the patient?

> *"I am calling about Mrs. Joseph in room 251. Chief complaint is shortness of breath of new onset."*

Background – What is the clinical background or context?

> *"Patient is a 62-year-old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease."*

Assessment – What do I think the problem is?

> *"Breath sounds are decreased on the right side with acknowledgment of pain. Would like to rule out pneumothorax."*

Recommendation and Request – What would I do to correct it?

> *"I feel strongly the patient should be assessed now. Can you come to room 251 now?"*

Communication

Call-Out

Strategy used to communicate important or critical information

> • Informs all team members simultaneously during emergent situations
>
> • Helps team members anticipate next steps
>
> • Important to direct responsibility to a specific individual responsible for carrying out the task
>
> Example during an incoming trauma:
>
> **Leader:** "Airway status?"
>
> **Resident:** "Airway clear"
>
> **Leader:** "Breath sounds?"
>
> **Resident:** "Breath sounds decreased on right"
>
> **Leader:** "Blood pressure?"
>
> **Nurse:** "BP is 96/62"

Check-Back

Using closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended

The steps include the following:

1. Sender initiates the message
2. Receiver accepts the message and provides feedback
3. Sender double-checks to ensure that the message was received

Example:

Doctor: *"Give 25 mg Benadryl IV push"*

Nurse: *"25 mg Benadryl IV push"*

Doctor: *"That's correct"*

Handoff

The transfer of information (along with authority and responsibility) during transitions in care across the continuum. It includes an opportunity to ask questions, clarify, and confirm.

Examples of transitions in care include shift changes; transfer of responsibility between and among nursing assistants, nurses, nurse practitioners, physician assistants, and physicians; and patient transfers.

Handoff

Strategy designed to enhance information exchange during transitions in care

	"I PASS THE BATON"	
I	Introduction	Introduce yourself and your role/job (include patient)
P	Patient	Name, identifiers, age, sex, location
A	Assessment	Present chief complaint, vital signs, symptoms, and diagnoses
S	Situation	Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
S	Safety Concerns	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
THE		
B	Background	Comorbidities, previous episodes, current medications, and family history
A	Actions	Explain what actions were taken or are required. Provide rationale.
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Identify who is responsible (person/team), including patient/family members
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Communication
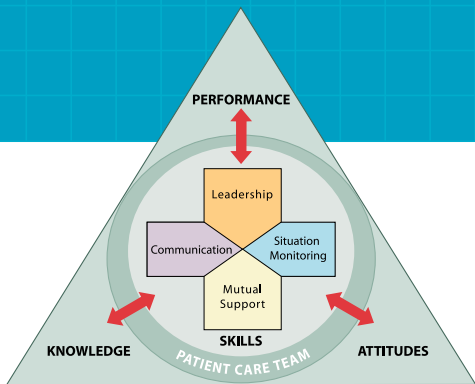
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Leadership

Effective Team Leaders

The following are responsibilities of effective team leaders:

- Organize the team

- Identify and articulate clear goals (i.e., the plan)

- Assign tasks and responsibilities

- Monitor and modify the plan; communicate changes

- Review the team's performance; provide feedback when needed

- Manage and allocate resources

- Facilitate information sharing

- Encourage team members to assist one another

- Facilitate conflict resolution in a learning environment

- Model effective teamwork

Leadership

Team Events

Sharing the Plan

- **Brief** - Short session prior to start to share the plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, anticipate outcomes and likely contingencies

Monitoring and Modifying the Plan

- **Huddle** - Ad hoc meeting to re-establish situational awareness, reinforce plans already in place, and assess the need to adjust the plan

Reviewing the Team's Performance

- **Debrief** - Informal information exchange session designed to improve team performance and effectiveness through lessons learned and reinforcement of positive behaviors

Brief Checklist

During the brief, the team should address the following questions:

- ☐ Who is on the team?

- ☐ Do all members understand and agree upon goals?

- ☐ Are roles and responsibilities understood?

- ☐ What is our plan of care?

- ☐ What is staff and provider's availability throughout the shift?

- ☐ How is workload shared among team members?

- ☐ What resources are available?

Debrief Checklist

The team should address the following questions during a debrief:

- ☐ Was communication clear?

- ☐ Were roles and responsibilities understood?

- ☐ Was situation awareness maintained?

- ☐ Was workload distribution equitable?

- ☐ Was task assistance requested or offered?

- ☐ Were errors made or avoided?

- ☐ Were resources available?

- ☐ What went well?

- ☐ What should improve?
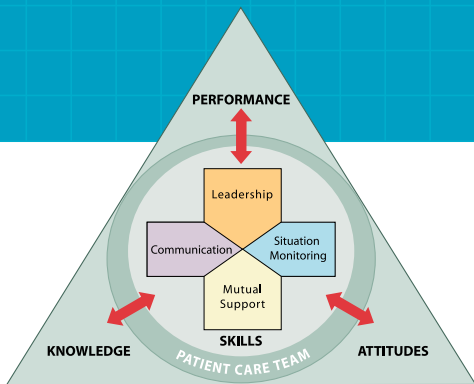
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Situation Monitoring

Situation Monitoring Process

Situation monitoring is the process of continually scanning and assessing a situation to gain and maintain an understanding of what's going on around you.

Situation awareness is the state of "knowing what's going on around you."

A **shared mental model** results from each team member maintaining situation awareness and ensures that all team members are "on the same page."

STEP

A tool for monitoring situations in the delivery of health care

Components of Situation Monitoring:

Status of the Patient

Team Members

Environment

Progress Toward Goal
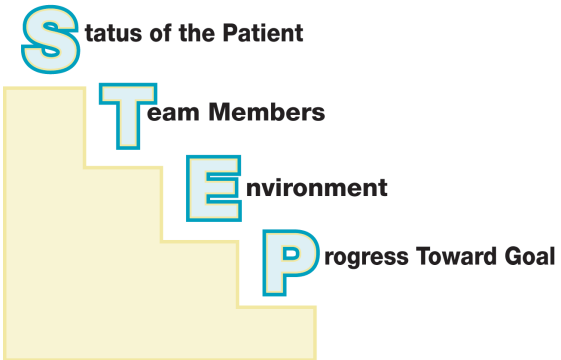
STEP

Tool to help assess health care situations

Status of Patient

Patient History
Vital Signs
Medications
Physical Exam
Plan of Care
Psychosocial Issues

Team Members

Fatigue
Workload
Task Performance
Skill
Stress

Environment

Facility Information
Administrative Information
Human Resources
Triage Acuity
Equipment

Progress Toward Goal

Status of Team's Patient(s)?
Established Goals of Team?
Tasks/Actions of Team?
Plan Still Appropriate?

Cross-Monitoring

A harm error reduction strategy that involves:

- Monitoring actions of other team members

- Providing a safety net within the team

- Ensuring that mistakes or oversights are caught quickly and easily

- "Watching each other's back"

Each team member is responsible for assessing his or her own safety status

I'M SAFE Checklist

- ☐ **I** = Illness
- ☐ **M** = Medication
- ☐ **S** = Stress
- ☐ **A** = Alcohol and Drugs
- ☐ **F** = Fatigue
- ☐ **E** = Eating and Elimination
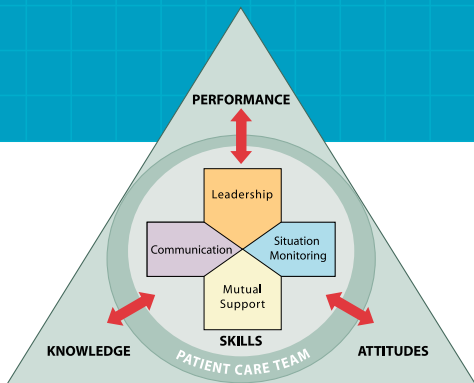
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Mutual Support

Task Assistance

Helping others with tasks builds a strong team. Key strategies include:

- Team members protect each other from work overload situations

- Effective teams place all offers and requests for assistance in the context of patient safety

- Team members foster a climate where it is expected that assistance will be actively **sought** and **offered**

Feedback

Information provided to team members for the purpose of improving team performance

Feedback should be:

- Timely – given soon after the target behavior has occurred

- Respectful – focuses on behaviors, not personal attributes

- Specific – relates to a specific task or behavior that requires correction or improvement

- Directed toward improvement – provides directions for future improvement

- Considerate – considers a team member's feelings and delivers negative information with fairness and respect

Mutual Support

Advocacy and Assertion

Advocate for the patient

- Invoked when team members' viewpoints don't coincide with that of the decisionmaker

Assert a corrective action in a **firm** and **respectful** manner

- Make an opening

- State the concern

- State the problem (real or perceived)

- Offer a solution

- Reach agreement on next steps

Two-Challenge Rule

Empowers all team members to *"stop the line"* if they sense or discover an essential safety breach

When an initial assertive statement is ignored:

- It is your responsibility to assertively voice concern at least ***two times*** to ensure that it has been heard

- The team member being challenged must acknowledge that concern has been heard

- If the safety issue still hasn't been addressed:
    - Take a stronger course of action
    - Utilize supervisor or chain of command

Mutual Support

CUS

Assertive statements:

I am **C** ONCERNED!

I am **U** NCOMFORTABLE!

This is a **S** AFETY ISSUE!

"Stop the Line"

DESC Script

A constructive approach for managing and resolving conflict

D = Describe the specific situation or behavior; provide concrete data

E = Express how the situation makes you feel/what your concerns are

S = Suggest other alternatives and seek agreement

C = Consequences should be stated in terms of impact on established team goals; strive for consensus

Team Performance Observation Tool

Team Structure
Assembles team
Assigns or identifies team members' roles and responsibilities
Holds team members accountable
Includes patients and families as part of the team

Communication
Provides brief, clear, specific, and timely information
Seeks information from all available sources
Uses check-backs to verify information that is communicated
Uses SBAR, call-outs, check-backs, and handoff techniques to
    communicate effectively with team members

Leadership
Identifies team goals and vision
Utilizes resources efficiently to maximize team performance
Balances workload within the team
Delegates tasks or assignments, as appropriate
Conducts briefs, huddles, and debriefs
Role models teamwork behaviors

Situation Monitoring
Monitors the state of the patient
Monitors fellow team members to ensure safety and prevent
    errors
Monitors the environment for safety and availability of resources
    (e.g., equipment)
Monitors progress toward the goal and identifies changes that
    could alter the care plan
Fosters communication to ensure a shared mental model

Mutual Support
Provides task-related support and assistance
Provides timely and constructive feedback to team members
Effectively advocates for the patient using the Assertive
    Statement, Two-Challenge Rule, or CUS
Uses the Two-Challenge Rule or DESC script to resolve conflict

BARRIERS

- Inconsistency in Team Membership
- Lack of Time
- Lack of Information Sharing
- Hierarchy
- Defensiveness
- Conventional Thinking
- Complacency
- Varying Communication Styles
- Conflict
- Lack of Coordination and Followup With Coworkers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS and STRATEGIES

Communication
- SBAR
- Call-Out
- Check-Back
- Handoff

Leading Teams
- Brief
- Huddle
- Debrief

Situation Monitoring
- STEP
- I'M SAFE

Mutual Support
- Task Assistance
- Feedback
- Assertive Statement
- Two-Challenge Rule
- CUS
- DESC Script

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- Patient Safety

Contact Information

To learn more about TeamSTEPPS®, refer to the Agency for Healthcare Research and Quality (AHRQ) Web site:

http://teamstepps.ahrq.gov/

and the Department of Defense Patient Safety Program Web site:

http://www.health.mil/dodpatientsafety/ProductsandServices/TeamSTEPPS

Developed for the Department of Defense Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality

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