

Pocket Guide

TeamSTEPPS™

Strategies & Tools to
Enhance Performance
and Patient Safety



Agency for Healthcare Research and Quality
Advancing Excellence in Health Care • www.ahrq.gov

**PATIENT
SAFETY**

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Team Competency Outcomes

Knowledge

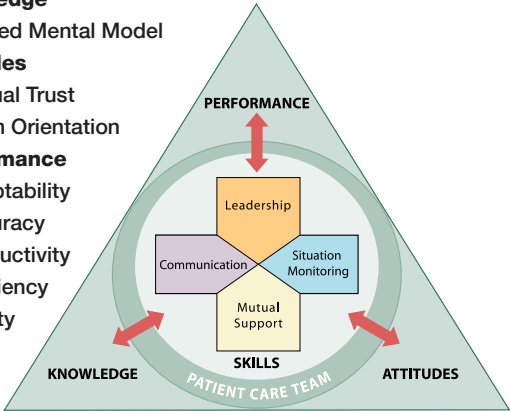
- Shared Mental Model

Attitudes

- Mutual Trust
- Team Orientation

Performance

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety



TeamSTEPPS is comprised of four teachable-learnable skills: Leadership, Situation Monitoring, Mutual Support, and Communication; the core of the TeamSTEPPS framework. The red 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. Encircling the four skills is the patient care team which not only represents the patient and direct caregivers, but those who play a supportive role within the healthcare delivery system.

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

Key Principles

Team Structure

Delineates fundamentals such as team size, membership, leadership, composition, identification and distribution

Leadership

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

Situation Monitoring

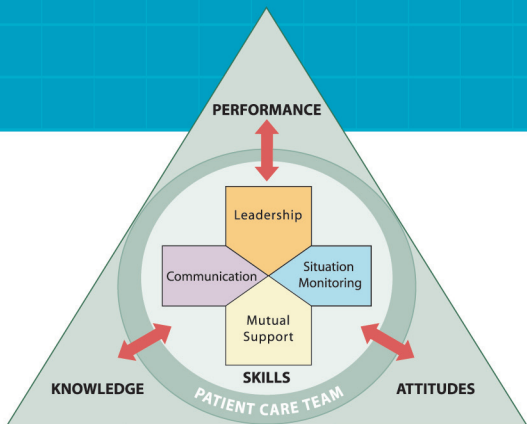
Process of actively scanning and assessing situational elements to gain information, understanding, or maintain awareness to support functioning of the team

Mutual Support

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

Communication

Process by which information is clearly and accurately exchanged among team members



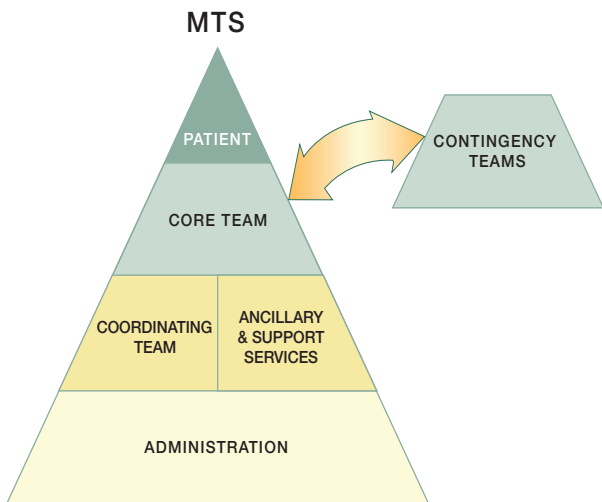
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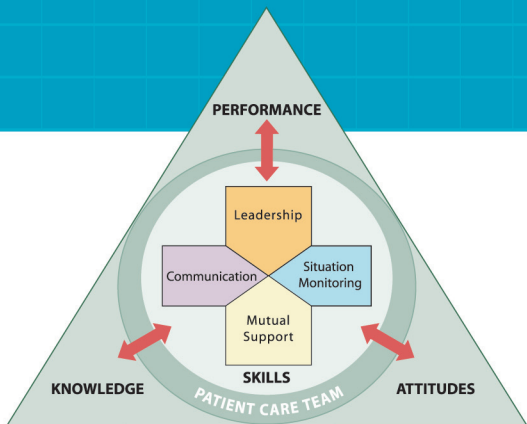
Team Structure

*The ratio of we's to I's is
the best indicator of the
development of a team...*

—Lewis B. Ergen

Multi-Team System For Patient Care





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Leadership

The art of getting someone else to do something you want done because he wants to do it...

—Dwight D. Eisenhower

Effective Team Leaders

- Organize the team
- Articulate clear goals
- Make decisions through collective input of members
- Empower members to speak up and challenge, when appropriate
- Actively promote and facilitate good teamwork
- Skillful at conflict resolution

Team Events

Planning

- **Brief** - Short session prior to start to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes and likely contingencies

Problem Solving

- **Huddle** - Ad hoc planning to reestablish situation awareness; reinforcing plans already in place; and assessing the need to adjust the plan

Process Improvement

- **Debrief** - Informal information exchange session designed to improve team performance and effectiveness; after action review

Brief Checklist

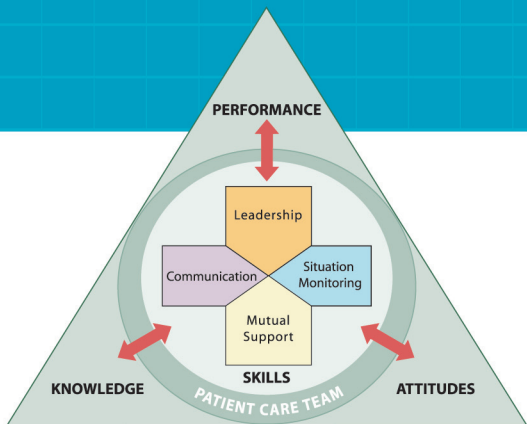
During the brief, the team should address the following questions:

- Who is on the team?
- All members understand and agree upon goals?
- Roles and responsibilities are understood?
- What is our plan of care?
- Staff and provider's availability throughout the shift?
- Workload among team members?
- Availability of resources?

Debrief Checklist

The team should address the following questions during a debrief:

- Communication clear?
- Roles and responsibilities understood?
- Situation awareness maintained?
- Workload distribution equitable?
- Task assistance requested or offered?
- Were errors made or avoided?
Availability of resources?
- What went well, what should change, what should improve?



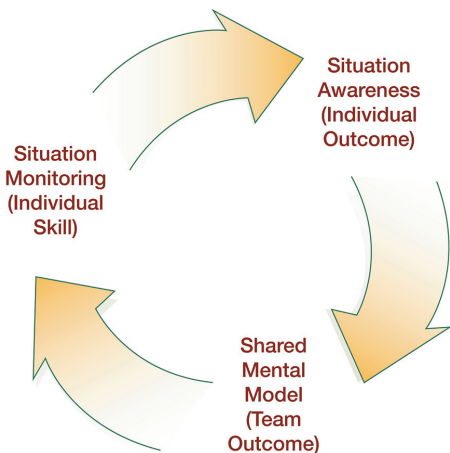
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Situation Monitoring

*Attention to detail is one of
the most important details...*

—Author Unknown

Situation Monitoring Process



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

Situation awareness is “knowing what is going on around you.”

With a shared mental model, all team members are “on the same page.”

Cross Monitoring

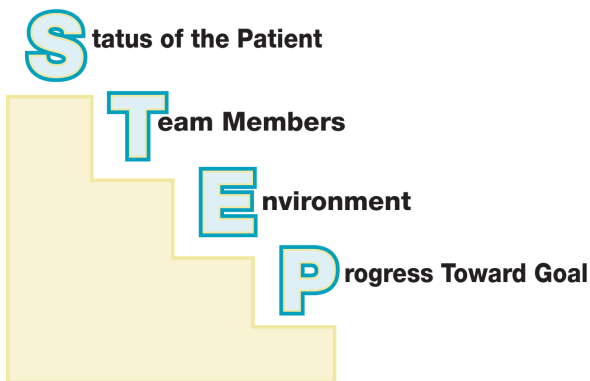
An error reduction strategy that involves:

- Monitoring actions of other team members
- Providing a safety net within the team
- Ensuring mistakes or oversights are caught quickly and easily
- “Watching each other’s back”

STEP

A tool for monitoring situations
in the delivery of health care

Components of Situation Monitoring:



STEP

- ✓ Assess **Status** of Patient
 - Patient History
 - Vital Signs
 - Medications
 - Physical Exam
 - Plan of Care
 - Psychosocial

- ✓ Assess Level of **Team** Members'
 - Fatigue
 - Workload
 - Task Performance
 - Skill
 - Stress

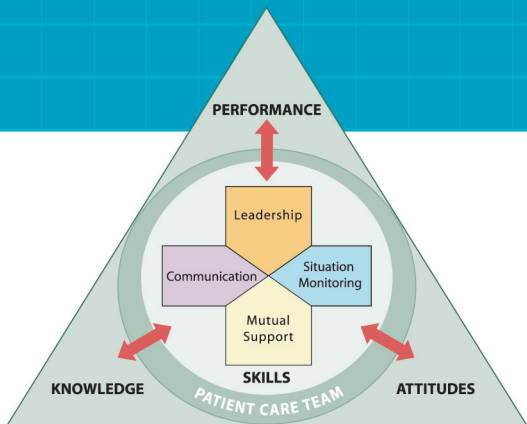
- ✓ Assess **Environment**
 - Facility Information
 - Administrative Information
 - Human Resources
 - Triage Acuity
 - Equipment

- ✓ Assess **Progress** Towards Goal
 - Status of Team's Patient(s)?
 - Established Goals of Team?
 - Tasks/Actions of Team?
 - Plan Still Appropriate?

I'M SAFE Checklist

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

An individual team member's responsibility...



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Mutual Support

A chain is only as strong as its weakest link...

—Author Unknown

Task Assistance

A form of mutual support:

- 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**

*In support of patient safety,
it's expected!*

Feedback

Information provided for the purpose of improving team performance

- ✓ Feedback should be:
 - Timely** – given soon after the target behavior has occurred
 - Respectful** – focus on behaviors, not personal attributes
 - Specific** – be specific about what behaviors need correcting
 - Directed towards improvement** – provide directions for future improvement
 - Considerate** – consider a team member's feelings and deliver negative information with fairness and respect

Advocacy and Assertion

Advocate for the patient

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

Assert a corrective action in a

firm and ***respectful*** manner

- Make an opening
- State the concern
- Offer a solution
- Obtain an agreement

Two-Challenge Rule

When an initial assertion is ignored:

- It is your responsibility to assertively voice concern at least **two times** to ensure it has been heard
- The team member being challenged must acknowledge
- If the outcome is still not acceptable:
 - o Take a stronger course of action
 - o Utilize supervisor or chain of command

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

CUS

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

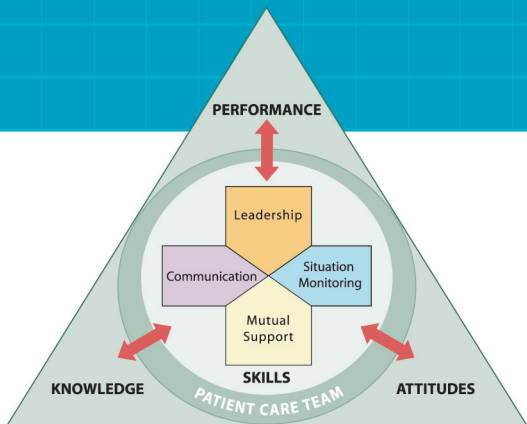
Collaboration

Achieves a mutually satisfying solution resulting in the best outcome

- Win-Win-Win for Patient Care Team (includes the patient, team members, and team)
- Commitment to a common mission

Meet goals without compromising relationships

“True collaboration is a process, not an event”



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Communication

*Communication is the
response you get from the
message you sent
regardless of its intent*

—Author Unknown

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 acknowledgement 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. Are you available to come in?”

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

Process of employing 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; to include an opportunity to ask questions, clarify, and confirm.

Examples of transitions in care include shift changes, physicians transferring complete responsibility, and patient transfers.

Communication

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 diagnosis
S	Situation	Current status/circumstances, including code status, level of (un)certainly, recent changes, and response to treatment
S	SAFETY Concerns	Critical lab values/reports, socio- economic factors, allergies, and alerts (falls, isolation, etc.)
THE		
B	Background	Co-morbidities, previous episodes, current medications, and family history
A	Actions	What actions were taken or are required? Provide brief rationale
T	Timing	Level of urgency and explicit timing and prioritization of actions
O	Ownership	Who is responsible (person/team) including patient/family?
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Team Performance Observation Tool

Team Structure

- Assembles team
- Establishes leader
- Identifies team goals and vision
- Assigns roles and responsibilities
- Holds team accountable
- Actively shares information

Leadership

- Utilizes resources to maximize performance
- Balances workload within the team
- Delegates tasks or assignments, as appropriate
- Conducts briefs, huddles, and debriefs
- Empowers team to speak freely and ask questions

Situation Monitoring

- Includes patient/family in communication
- Cross monitors team members
- Applies the STEP process
- Fosters communication to ensure a shared mental model

Mutual Support

- Provides task-related support
- Provides timely and constructive feedback
- Effectively advocates for the patient
- Uses the Two-Challenge rule, CUS, and DESC script to resolve conflict
- Collaborates with team

Communication

- Coaching feedback routinely provided to team members when appropriate
- Provides brief, clear, specific, and timely information
- Seeks information from all available sources
- Verifies information that is communicated
- Uses SBAR, call-outs, check-backs, and handoff techniques

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 Follow-Up with Co-Workers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS & STRATEGIES

Brief
Huddle
Debrief
STEP
Cross Monitoring
Feedback
Advocacy and Assertion
Two-Challenge Rule
CUS
DESC Script
Collaboration
SBAR
Call-Out
Check-Back
Handoff

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) website:

<http://www.ahrq.gov/teamstepps>

and the Department of Defense Patient Safety Program website:

[http://dodpatientsafety.usuhs.mil/
teamstepps](http://dodpatientsafety.usuhs.mil/teamstepps)

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