



AHA TEAM TRAINING

TeamSTEPPS® POCKET GUIDE

Team Strategies and Tools to Enhance
Performance and Patient Safety



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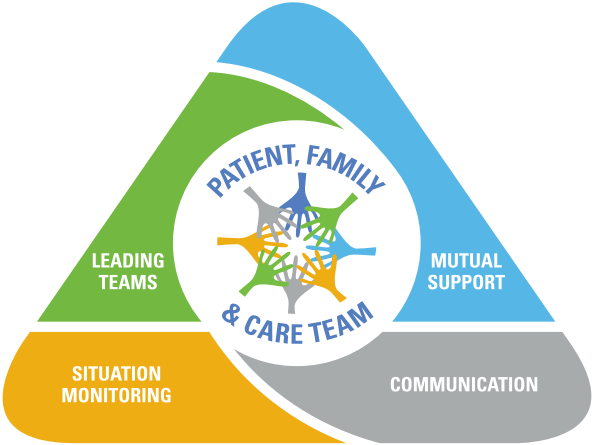
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FRAMEWORK AND COMPETENCIES



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TeamSTEPPS is an evidence-based framework to optimize team performance across the health care delivery system. It is based on team structure and four teachable-learnable skills: Communication, Leading Teams, Situation Monitoring and Mutual Support. Team structure includes everyone in the patient care team: patients, families, direct caregivers and all individuals who play a supportive role.

Through TeamSTEPPS, the following team competency outcomes can be achieved:

TEAM COMPETENCY OUTCOMES

KNOWLEDGE

- Shared Mental Model

ATTITUDES

- Mutual Trust
- Team Orientation

PERFORMANCE

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety

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

LEADING TEAMS

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

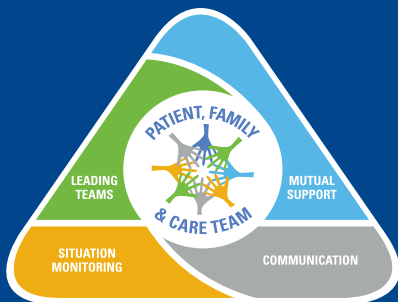
Process of actively scanning and assessing situational elements to gain information or understanding, or to maintain awareness to support team functioning

MUTUAL SUPPORT

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

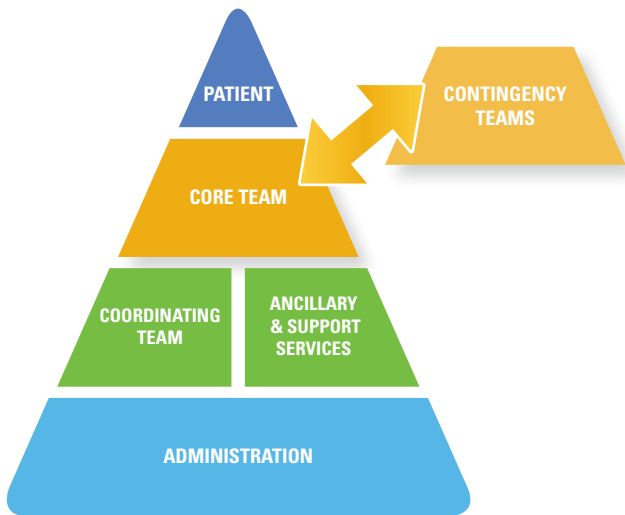


TeamSTEPPS® TEAM STRUCTURE



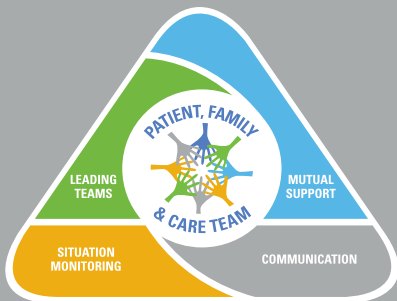
MULTI-TEAM SYSTEM FOR PATIENT CARE

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





TeamSTEPPS® 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?

"Dr. Smith, this is Barb on 2 West. I am calling about your patient, Mr. Jones, in room 244. He is complaining of intense pain tonight."

BACKGROUND

What is the clinical background or context?

"He's a 63-year-old, second-day post-op hip patient who has received all of his scheduled antibiotics."

ASSESSMENT

What do I think the problem is?

"While he did receive the antibiotics, he started running a fever of 102 at 11:00 pm. His incision is also quite red and I noticed some new purulent drainage. I am concerned he may have an infection."

RECOMMENDATION OR REQUEST

What would I do to correct it?

"I would like you to come assess him as soon as possible. In the meantime, would you like me to draw a CBC or blood cultures?"

CALL-OUT AND CHECK-BACK

A **call-out** is a strategy used to communicate important or critical information. A call-out:

- Informs all team members simultaneously during situations.
- Helps team members anticipate next steps.
- Directs responsibility to a specific individual assigned to carrying out the task. Uses people's names.

A **check-back** ensures that information conveyed by the sender is understood by the receiver as intended.

EXAMPLE

DR. SMITH:

"Barb, give me 25 mg Benadryl IV push."

BARB:

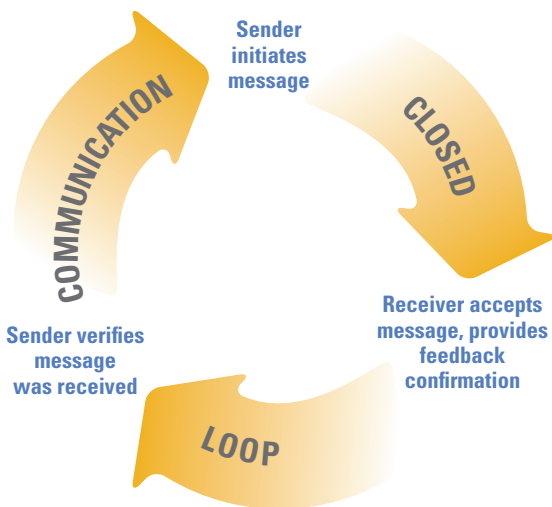
"25 mg Benadryl IV push"

DR. SMITH:

"That's correct."

CLOSED-LOOP COMMUNICATION

Using **call-outs** and **check-backs** can help you in the vital process of **closed-loop communication**.



Use closed-loop communication in every clinical and non-clinical setting.

HANDOFF

A **handoff** is 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

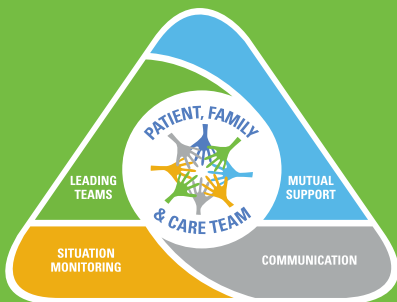
One useful handoff tool is **“I PASS the BATON.”** It enhances information exchange during transitions of care.

“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)certainity, 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	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?



TeamSTEPPS® LEADING TEAMS



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



TEAM EVENTS

SHARING THE PLAN

BRIEF – Short session prior to start in order 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 availability throughout the shift?



How is workload shared among team members?



What resources are available?

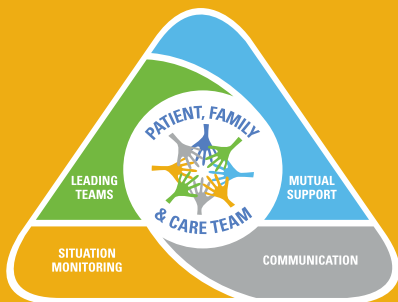
DEBRIEF CHECKLIST

The team should address the following questions during a debrief. It is especially vital to gather information from the questions in bold.

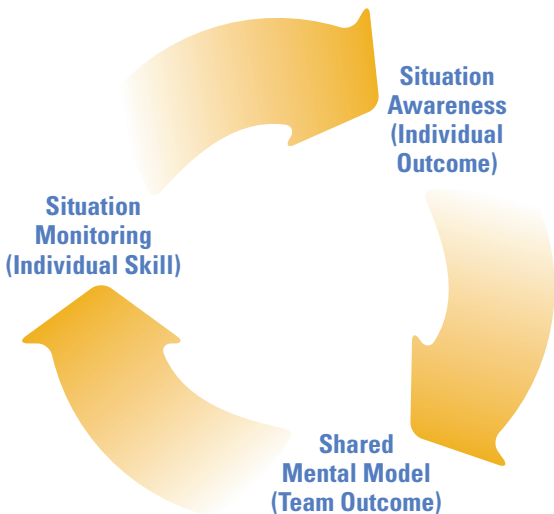
- ☒ Was communication clear?
- ☒ Were roles and responsibilities understood?
- ☒ Was situation awareness maintained?
- ☒ Was workload distribution equitable?
- ☒ Was task assistance requested or offered?
- ☒ Were errors made or avoided?
- ☒ Were resources available?
- ☒ **What went well?**
- ☒ **What should be improved?**
- ☒ **What is one thing that could be done differently next time?**



TeamSTEPPS® 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



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”



I'M SAFE CHECKLIST

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



I = Illness



M = Medication



S = Stress



A = Alcohol and Drugs



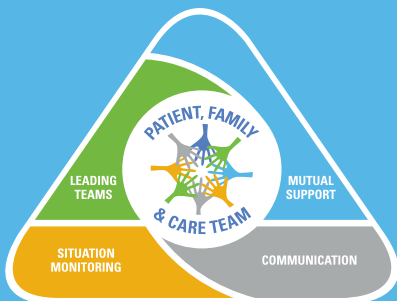
F = Fatigue



E = Eating and Elimination



TeamSTEPPS® MUTUAL SUPPORT

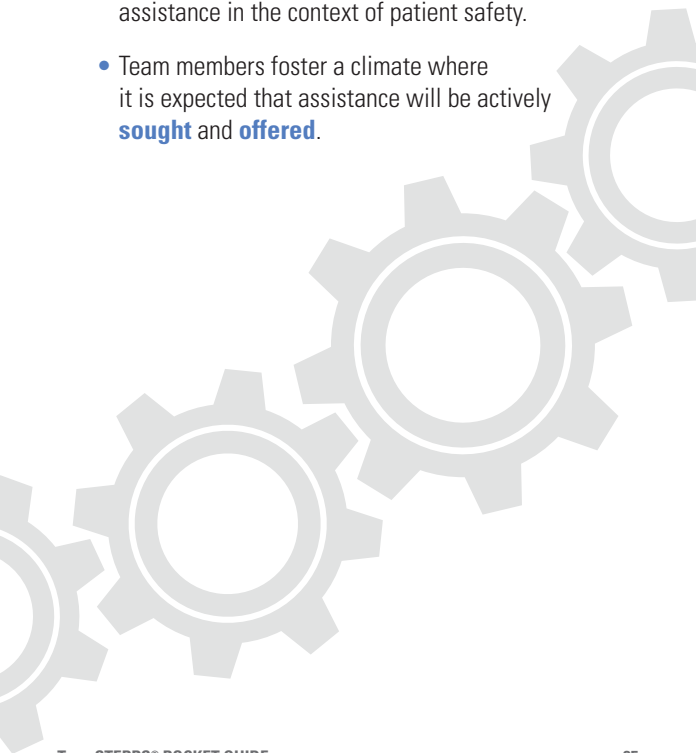


TASK ASSISTANCE

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

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
- 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 the concern has been heard.
- If the safety issue still hasn't been addressed:
 - Take a stronger course of action.
 - Involve a supervisor.



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



A SUCCESSFUL TEAM:

TEAM STRUCTURE

- Assembles team and 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 communicated information
- Uses SBAR, call-outs, check-backs and handoff techniques to communicate effectively with team members

LEADING TEAMS

- Identifies goals and vision
- Utilizes resources to maximize team performance
- Balances workload within the team
- Delegates tasks or assignments, as appropriate
- Conducts briefs, huddles and debriefs
- 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 Follow-up 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

Materials in this guide have been adapted from the original TeamSTEPPS® curriculum and TeamSTEPPS® Pocket Guide. These materials were developed by the Department of Defense and the Agency for Healthcare Research & Quality of the Department of Health and Human Services. TeamSTEPPS is a registered U.S. trademark of the Departments of Defense and Health and Human Services.

AHA TEAM TRAINING

Please contact us to learn more about the AHA Team Training Program or to get additional information and resources on TeamSTEPPS and how it can optimize patient outcomes by improving communication and teamwork among health care professionals.

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