AHA TEAM TRAINING

TeamSTEPPS®
POCKET GUIDE

Team Strategies and Tools to Enhance
Performance and Patient Safety

H® **AHA Team Training**

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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 four teachable-learnable skills: Communication, Leading Teams, Mutual Support and Situation Monitoring. The TeamSTEPPS framework reflects the connections between these four skills and how they contribute to highly reliable, safe and effective care for every patient. TeamSTEPPS includes everyone on the patient care team: patients, families, 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
- High Reliability

SUSTAINABILITY
- Habits
- Enduring Culture of Safety
- Aligned Incentives

KEY PRINCIPLES

COMMUNICATION

Verbal and nonverbal process by which information can be clearly and accurately exchanged among team members

LEADING TEAMS

Ability to lead teams to maximize the effectiveness of team members by ensuring that team actions are understood, changes in information are shared and team members have the necessary resources
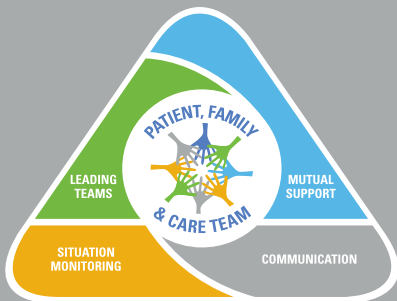
MUTUAL SUPPORT

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

SITUATION MONITORING

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

TeamSTEPPS®
COMMUNICATION

SBAR

A technique for communicating information concerning a patient or another issue affecting the team that requires immediate attention and action.

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. The SITUATION is, he's complaining of intense pain tonight."

BACKGROUND
What is the clinical background or context?

> "The BACKGROUND is, he's a 63-year-old hip patient on post-op day two. He's receiving his antibiotics as scheduled, but this evening he started running a fever of 102. His incision is quite red, and I noticed new purulent drainage."

ASSESSMENT
What do I think the problem is?

> "My ASSESSMENT is he may be developing an infection."

RECOMMENDATION OR REQUEST
What would I recommend? What do I need from you?

> "I RECOMMEND you come to assess him as soon as you're able. In the meantime, would you like to REQUEST a CBC and some blood cultures?"
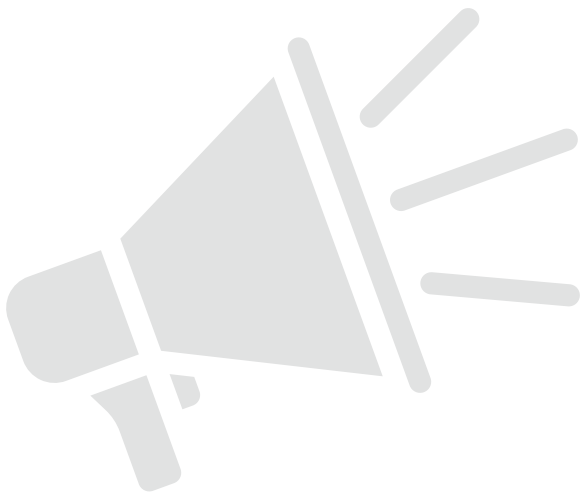
CALL-OUT

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

- Informs all team members simultaneously

- Helps team members anticipate next steps

- Contributes to effective situation monitoring and holding a shared mental model

EXAMPLE

> **BARB**: "The heart rate is now 78 and the patient appears to be back in sinus rhythm."

CLOSED LOOP COMMUNICATION

Using closed loop communication is an effective strategy to be utilized in daily practice, not just in chaotic or emergent situations.

A **request** alerts the team of the need for a specific order or course of action. It directs responsibility to a specific individual assigned by name to carry out a task.

A **repeat-back** is used to verify information was accurately received. It provides an opportunity for the recipient to confirm the content of the message and accept responsibility.

Confirmation ensures that information conveyed by the sender is understood by the receiver as intended. It provides an opportunity for the sender to address any discrepancies or concerns.

Close the loop by signaling **completion** of the task. The receiver should alert the sender once the request has been fulfilled.

CLOSED LOOP COMMUNICATION

Using **requests**, **repeat-backs** and **confirmations** can help you in the vital process of closed loop communication.

Sender initiates message
REQUEST

Receiver acknowledges message and repeats information
REPEAT-BACK

Sender confirms message or corrects information
CONFIRM

Receiver confirms task completion
COMPLETE
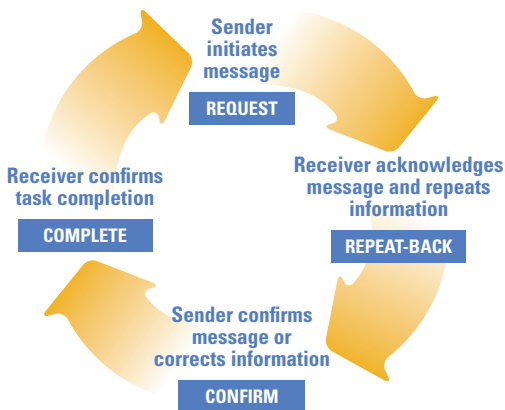
Use closed loop communication in every clinical and non-clinical setting.

EXAMPLE

DR. SMITH: "Barb, please give the patient 1 mg of Epinephrine IV push."

BARB: "To verify, you'd like the patient to receive 1 mg of Epinephrine IV push."

DR. SMITH: "Yes, that's correct."

BARB: "Ok, the patient has received 1 mg of Epinephrine."

TEACH-BACK

A **teach-back** is a closed loop communication strategy to confirm that the sender has explained information clearly and that patient, family members or caregivers have a shared understanding of what the sender has told them.

Teach-backs provide an opportunity for the patient, family member or caregiver to:

- Explain the information they need to know or actions they need to take in their own words

- Perform a return demonstration of a new skill

Closing the loop with patients, family members and caregivers requires being mindful of communication challenges such as language, education level, age considerations and medical status.

HANDOFF

A standardized method for transferring information (along with authority and responsibility) during transitions in care across the continuum. It includes the opportunity to ask questions, clarify and confirm.

Examples of transitions in care include shift changes, transfers between departments and care team transitions.

A **handoff** should:

- Include clear and complete information
- Utilize a standardized format
- Provide opportunity to review information and ask questions
- Confirm transfer of responsibility and accountability

When possible, a handoff is most effective when patients and caregivers are included and are given the opportunity to clarify, question or confirm handoff information.

IPASS

One useful handoff tool is **IPASS**. It enhances information exchange during transitions of care.

I

Illness Severity
- Regain situational awareness

P

Patient Summary
- Summary statement
- Events leading up to admission or care transmission
- Hospital course or treatment plan
- Ongoing assessment
- Contingency plan

A

Action List
- To-do list
- Timelines and ownership

S

Situation Awareness & Contingency Planning
- Know what's going on
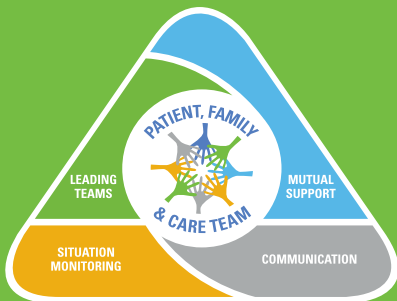- Plan for what might happen

S

Synthesis by Receiver
- Receiver summarizes what was heard
- Asks questions
- Restates key actions/to-do items

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LEADING TEAMS
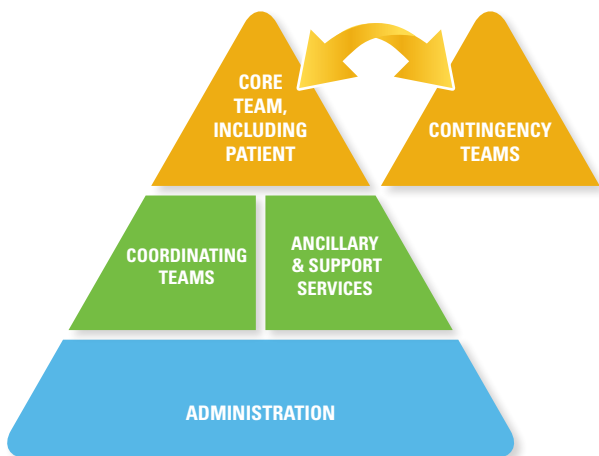
EFFECTIVE TEAM LEADERS

The following are responsibilities of effective team leaders:

- Ensure the patient's needs and preferences are understood and prioritized

- Define, assign, share, monitor and modify a plan

- Review the team's performance

- Establish "rules of engagement"

- Manage and allocate resources effectively

- Provide feedback regarding assigned responsibilities and progress toward the goal

- Facilitate information sharing

- Encourage team members to assist one another

- Facilitate conflict resolution

- Model effective teamwork

MULTI-TEAM SYSTEM FOR PATIENT CARE

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

Understanding a team's structure and how multiple teams interact is critical for effective teamwork.

TEAM MEMBERS:

- Include the team leaders and anyone involved in the process of patient care including the patient
- Can be in-person or virtual
- Can frequently change due to staff schedules and assignments

EFFECTIVE TEAM EVENT TOOLS

SHARING THE PLAN

BRIEF – Short planning session prior to the start of something to form the team, designate team roles and responsibilities, establish goals and promote collaboration

MONITORING AND MODIFYING THE PLAN

HUDDLE – Ad hoc meeting to re-establish situational awareness, problem solve or reinforce plans already in place and assess the need to adjust the plan

REVIEWING THE TEAM'S PERFORMANCE

DEBRIEF – Informal, quick information exchange and feedback sessions designed to improve team performance and effectiveness through lessons learned and reinforcement of positive behaviors

BRIEF CHECKLIST

During the **brief**, the team should consider addressing 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?

HUDDLE

Huddles help a team handle the unexpected.

Hold a **huddle** to:

- Regain situational awareness
- Advise the team of critical issues and emerging events
- Anticipate potential outcomes and likely contingencies
- Adjust the plan as needed
- Redistribute the workload or reallocate resources
- Give the team opportunity to express concerns
- Elicit input and answer patient questions or concerns when appropriate

DEBRIEF CHECKLIST

The team should consider addressing the following questions during a **debrief** but prioritize the questions in bold.

- ☑ Was communication clear?
- ☑ Were roles and responsibilities understood?
- ☑ Was the team able to maintain a shared mental model?
- ☑ 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®

MUTUAL SUPPORT

PATIENT, FAMILY & CARE TEAM

LEADING TEAMS

MUTUAL SUPPORT

SITUATION MONITORING

COMMUNICATION
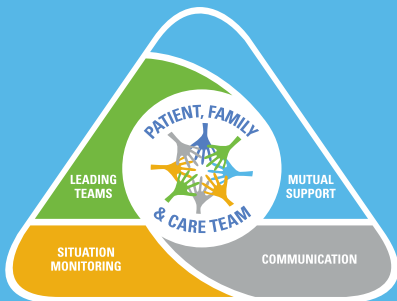
TASK ASSISTANCE

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

- Team members foster psychological safety and protect each other from work overload.

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

- Team members foster an environment where it is both safe and expected that **team members offer and ask for help**.

FORMATIVE FEEDBACK

Information provided to team members through verbal or nonverbal communication, either intentionally or unintentionally. Formative feedback is shared to improve team performance.

Formative feedback should be:

- **APPRECIATIVE** – expresses gratitude and notes actions that team members do well

- **TIMELY** – given soon after the target behavior has occurred

- **RESPECTFUL** – focuses on behaviors and processes, 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

- **IMPACT-FOCUSED** – addresses impact of individual behaviors on the team and the patient's well-being

ADVOCACY AND ASSERTION

Advocacy for the patient is invoked when team members' viewpoints don't coincide with that of a decision maker and patient safety is at risk.

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

- Opening the discussion
- Stating the concern
- Stating the problem (real or perceived)
- Offering a solution
- Reaching an agreement on next steps

TWO-CHALLENGE RULE

Team members are responsible to assertively voice their concern at least two times to ensure that it has been heard.

- Team member voices an assertive statement to alert the decision maker of their concern.

- The decision maker being challenged must acknowledge that the concern has been heard.

- If an initial concern is disregarded, escalate to your second challenge using another assertive statement.

- If the safety issue persists:
  — Seek support from other team members or colleagues
  — Escalate the concern to a supervisor or chain of command

Consider using the following assertive statements:

- Say "I need clarity" to alert a team member of your initial concern

- Use the CUS tool

CUS

A series of escalating assertive statements used to empower team members to **"stop the line"** if they have a concern for patient safety.

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.

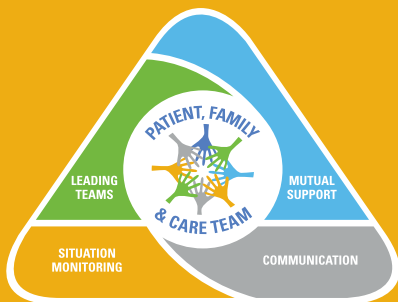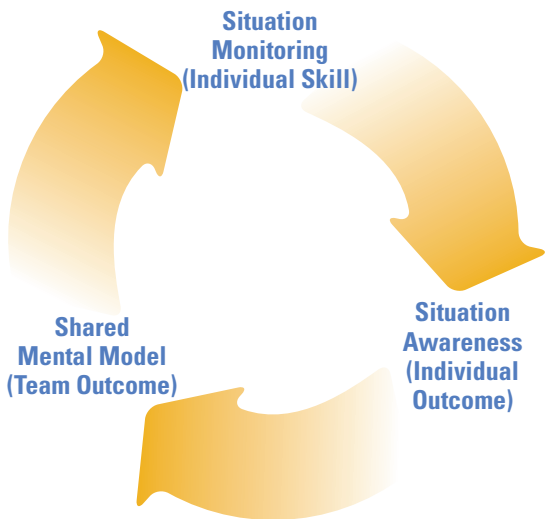|	
D	**Describe** the concerning situation or behavior and provide specific examples
E	**Express** how the situation makes you feel and what your concerns are
S	**Suggest** alternatives or possible solutions and seek agreement
C	**Consequences** should be stated in terms of impact on the patient, members of the team or team culture

TeamSTEPPS®
SITUATION MONITORING

SITUATION MONITORING PROCESS

Situation Monitoring (Individual Skill)

Situation Awareness (Individual Outcome)

Shared Mental Model (Team Outcome)

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

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

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

I'M SAFE CHECKLIST

Each team member is responsible for assessing their own safety status.

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

CROSS-MONITORING

"Watching each other's back" to ensure effective support of team members and advocacy for the patient when risks arise or help is needed.

Cross-monitoring involves:

- Monitoring each other's behavior which is expected and not a sign of mistrust

- A culture of collaboration surrounding patient care and team processes

- Speaking up when potential risks or oversights are identified

- Thanking team members for calling out observations or concerns

- Including the patient whenever possible
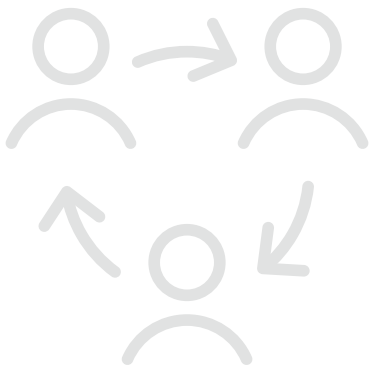
STAR

A four-step mnemonic tool that is used extensively to elicit and share key information about activities and their consequences.

STAR

Each team member must self-check:

STOP	Pause to focus on the immediate task
THINK	Think methodically and identify the correct action
ACT	Perform the act
REVIEW	Confirm anticipated result has occurred or apply contingency if required

Think before you act!

Focus on the intended action and the expected outcome.

STEP

Summary components of situation monitoring in the delivery of health care.

Status of the Patient

Team Members

Environment

Progress Toward Goal

Status of Patient
- Patient History
- Vital Signs
- Medications
- Physical Exam
- Plan of Care
- Psychosocial Issues
- Patient Preferences or Concerns
- Potential Communication Challenges

Team Members
- Fatigue
- Workload
- Task Performance
- Skill Level
- Stress Level

Environment
- Facility Information Including Occupancy Levels
- Administrative Considerations
- Available Staff and Resources
- Census Acuity
- Disease Outbreaks and Isolation Requirements
- Equipment Availability and Readiness

Progress Toward Goal
- Status of Team's Patient(s)
- Status of Team's Goals
- Tasks/Actions Completed or in Progress
- Determine if Plan is Still Appropriate
- Call a Huddle if Needed

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
- Distractions
- Fatigue and Burnout
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

TOOLS AND STRATEGIES

COMMUNICATION
- SBAR
- Call-Out
- Closed Loop Communication
- Teach-Back
- IPASS

LEADING TEAMS
- Brief
- Huddle
- Debrief

MUTUAL SUPPORT
- Task Assistance
- Formative Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script

SITUATION MONITORING
- I'M SAFE
- Cross-Monitoring
- STAR
- STEP

OUTCOMES

- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Reduced Burnout
- Psychological Safety
- Effective Team Performance
- **Safe, Highly Reliable, Patient-Centered Care**

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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