AHA TEAM TRAINING

TeamSTEPPS® POCKET GUIDE

Team Strategies and Tools to Enhance Performance and Patient Safety

AHA Education
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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**

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>ATTITUDES</th>
<th>PERFORMANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Shared Mental Model</td>
<td>• Mutual Trust</td>
<td>• Adaptability</td>
</tr>
<tr>
<td></td>
<td>• Team Orientation</td>
<td>• Accuracy</td>
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<tr>
<td></td>
<td></td>
<td>• Productivity</td>
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<tr>
<td></td>
<td></td>
<td>• Efficiency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Safety</td>
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### 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
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TEAM STRUCTURE

LEADING TEAMS

PATIENT, FAMILY & CARE TEAM

MUTUAL SUPPORT

SITUATION MONITORING

COMMUNICATION
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.

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

- 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
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

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**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 CONCERNED!

I am UNCOMFORTABLE!

This is a SAFETY ISSUE!

“STOP THE LINE”
**DESC SCRIPT**

A constructive approach for managing and resolving conflict

<table>
<thead>
<tr>
<th>D</th>
<th>Describe the specific situation or behavior; provide concrete data</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>Express how the situation makes you feel/what your concerns are</td>
</tr>
<tr>
<td>S</td>
<td>Suggest other alternatives and seek agreement</td>
</tr>
<tr>
<td>C</td>
<td>Consequences should be stated in terms of impact on established team goals; strive for consensus</td>
</tr>
</tbody>
</table>
## 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

### 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

### 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

### 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.

WEB: www.aha.org/teamtraining
EMAIL: TeamTraining@aha.org
PHONE: 312-422-2609