

Staten Island University Hospital

**Annual Physician/Practitioner
Orientation & Mandatory Training
Program**

TeamSTEPPS

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

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Team Strategies and Tools to Enhance Performance and Patient Safety

Module 1 Introduction

- TeamSTEPPS is an evidence-based framework to optimize team performance across the healthcare delivery system.
- 1999 IOM reported 44,000 - 98,000 deaths occur because of medical errors.
- Joint Commission analysis of sentinel events reveal that communication is the #1 root cause of adverse events (66%).
- Patients are safer in healthcare delivery systems where teamwork principles are practiced on a daily basis.
- Studies have shown that after team training, there has been a 50% reduction in adverse outcomes (Mann, 2006), a 50% decrease in the average length of ICU stay (Pronovost, 2003), and a decrease clinical error rate from 30.9% to 4.4% along with an increased in positive attitudes toward teamwork (Morey, 2002).
- Developed by the Department of Defense and a panel of experts in high-performance teams, human factors and crew resource management, TeamSTEPPS focuses on specific skills supporting team performance principles.
- TeamSTEPPS is composed of four teachable-learnable skills: leadership, mutual support, situation monitoring, and communication.
- These four skills yield important team outcomes:
 1. Knowledge – a shared awareness about what is going on with the team and progress towards its goal
 2. Attitudes – team members are more likely to have a positive experience and trust the intentions of their teammates
 3. Performance – team members will be able to adapt to changes in the plan of care, will know how and when to back up each other and will be safer – allowing the team to more readily identify and correct errors, if they occur
- **Key Principles: Team Structure, Leadership, Situation Monitoring, Mutual Support, Communication**

Module 2 Team Structure

- **Team structure** is an integral part of the teamwork process. A properly structured patient care team is an enabler and the result of effective leadership, communication, situation monitoring, and mutual support
- A key concept of team structure is partnering with the patient. Patients are part of the patient care team, and should be embraced and valued as contributing partners to patient care:
 1. Learn to listen
 2. Ask patients how involved they prefer to be in their own care
 3. Ask patients about their concerns
 4. Speak in lay terms that patients can understand

5. Give patients and families access to relevant information
 6. Ask patients and their families for feedback and to be proactive participants in patient care
- The goals of teamwork are to reduce clinical errors, improve patient outcomes, improve process outcomes, improve patient satisfaction, increase staff satisfaction, and reduce malpractice claims.
 - **High performing teams** have:
 1. clear roles and responsibilities
 2. have a clear, valued, and shared vision
 3. a leader who promotes the vision with the appropriate level of detail
 4. optimize resources
 5. have strong leadership team
 6. engage in a regular discipline of feedback
 7. develop a strong sense of collective trust, team identity, and confidence
 8. create mechanisms to cooperate, coordinate, and generate ongoing collaboration
 9. manage and optimize performance outcomes
 - **Effective team members:**
 1. Are better able to predict the needs of other team members and are proactive versus reactive
 2. Provide quality information and feedback
 3. Engage in higher level decision making
 4. Manage conflict skillfully
 5. Understand their roles and responsibilities
 6. Reduce stress on the team as a whole through better performance

Module 3 Leadership

- Leaders must constantly monitor the situation to better anticipate team members' needs and effectively manage the resources to meet those needs.
- Leaders must communicate effectively with their team members to model appropriate behavior and reinforce and reward that behavior when it is exhibited by team members
- Leaders must foster an environment of mutual support by role-modeling and reinforcing the use of those types of behaviors
- **Team leaders** should be able to effectively:
 1. Organize the team
 2. Articulate clear goals
 3. Make decisions based on input of team members
 4. Empower team members to speak up and openly challenge when appropriate
 5. Promote and facilitate good teamwork
 6. Resolve conflict
- Effective team leaders cultivate desired team behaviors and skills through:
 1. Facilitating information sharing – BRIEFS, HUDDLES, DEBRIEFS

2. Facilitating mutual support – delegating tasks
 3. Facilitating conflict resolution – providing constructive and timely feedback
 4. Facilitating situation awareness – identify important aspects of the plan
 5. Serving as a role model – effectively role-model the desired teamwork behaviors and skills
- **Brief** - short session prior to the start to discuss team formation, assign essential roles, establish expectations and climate, anticipate outcomes and likely contingencies
 - **Huddle** – ad hoc planning to reestablish situation awareness, reinforce plans already in place, and assessing the need to adjust the plan
 - **Debrief** – Informal information exchange session designed to improve team performance and effectiveness – after action review

Module 4 Situation Monitoring

- **Situation Monitoring** is the process of continually scanning and assessing what's going on around you to maintain situation awareness
- With a shared mental model, all team members are “on the same page”
- **Cross monitoring** is an error reduction strategy that involves:
 1. Monitoring actions of other team members
 2. Providing a safety net within the team
 3. Ensuring mistakes or oversights are caught quickly and easily
 4. “Watching each other’s back”
- **STEP** – Assess **STATUS** of Patient – history, vital signs, medications, physical exam, plan of care, psychosocial
 Assess Level of **TEAM** Members’ fatigue, workload, task performance, skill, stress
 Assess **ENVIRONMENT**
 Assess **PROGRESS** towards goal – status of team’s patient, established goals, task/actions of team and if the plan is still appropriate

Module 5 Mutual Support

- **Task Assistance** – a form of mutual support:
 1. Team members protect each other from work overload situations
 2. Effective teams place all offers and requests for assistance in the context of patient safety
 3. Team members foster a climate where it is expected that assistance will be actively **SOUGHT** and **OFFERED**
- **Feedback** – information provided for the purpose of improving team performance. Feedback should be:
 1. **Timely** – given soon after the target behavior has occurred
 2. **Respectful** – focus on behaviors, not personal attributes

3. **Specific** – be specific about what behaviors need correcting
 4. **Directed towards improvement** – provide directions for future improvement
 5. **Considerate** – consider a team member’s feelings and deliver negative information with fairness and respect
- **Advocacy and Assertion** – invoked when team members’ viewpoints don’t coincide with that of the decision maker. Assert a corrective action in a **firm and respectful** manner – making an opening statement, state the concern, offer a solution and obtain agreement
 - **Two-Challenge Rule** – when the initial assertion is ignored – 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 – utilize chain of command. Empowers all team members to “**stop the line**” if they sense or discover an essential safety breach.
 - **CUS – I am CONCERNED
I am UNCOMFORTABLE
This is a SAFETY ISSUE!**
 - **DESC Script**
Describe the specific situation
Express your concern
Suggest other alternatives
Consequences should be stated
 - **Collaboration** – achieves a mutually satisfying solution resulting in the best outcome. Meet goals without compromising relationships.

Module 6 – Communication

- **SBAR** **Situation** – what is going on with the patient?
 Background – what is the clinical background or context?
 Assessment – what do I think the problem is?
 Recommendation and Request – what would I do to correct it?
- **Call-out** – strategy used to communicate important or critical information
- **Check-Back** – process of employing closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended

- **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

I PASS the BATON

I	Introduction	Introduce yourself and your role
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)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	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?

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

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

and the Department of Defense Patient Safety Program website:

<http://dodpatientsafety.usuhs.mil/teamstepps>