# TEAM STRUCTURE

SUBSECTIONS

- What Defines a Team?
- Partnering With Patients and Families
- Multi-Team System for Patient Care

TIME: 50 minutes

INSTRUCTOR OUTLINE: TEAM STRUCTURE

👁 **Instructor Note:** In this module, you will present information about the structure of teams. Although team structure does not address team competencies, it is important for participants to learn concepts such as the inclusion of the patient as a member of the team and the components of a multi-team system in terms of planning their TeamSTEPPS implementation.

The Team Structure module includes the content provided in the outline below. More content is available than can likely be covered in the time provided; therefore, optional content and activities are noted. It is strongly recommended that instruction not focus solely on lecture, but also includes exercises, videos, and other activities. As such, instructors should use the information below to plan how the module will be taught within the time available.

🕐 **MODULE TIME:**

50 minutes

📋 **MATERIALS:**

- Teams and Teamwork Exercise Sheet
- Flipchart or Whiteboard (Optional)
- Markers (Optional)
- Inpatient Medical Video (INPTMED_Opportunity_Complete_Vignette.mpg)
- TeamSTEPPS Implementation Worksheet

	Content	Page #	Approx. Time
1.	Introduction	5 - 6	2 mins
2.	Definition of a Team	7	2 mins
3.	Teams and Teamwork Exercise	8	5 – 10 mins*
4.	Partnering With Patients and Families	9 - 12	5 mins
5.	Multi-Team System	13 - 18	15 mins
6.	Team Structure Video and Discussion	19 - 20	10 mins
7.	Applying TeamSTEPPS Exercise	21	5 mins

*Although all instructional content and activities are recommended to ensure that participants achieve the learning objectives, these activities may be considered "optional" if time is constrained.

INSTRUCTOR OUTLINE: TEAM STRUCTURE (Continued)

Additional Resources: Below are sources of additional information and videos you may want to use to customize this module to your participants.

- *TeamSTEPPS Long-Term Care Version:* Includes a team failure video specific to long-term care.

  - http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/ltc/

- *TeamSTEPPS Rapid Response Systems Module (RRS):* Videos in this module demonstrate how the Rapid Response Team interacts and coordinates with other aspects of the multi- team system.

  - http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/rrs/

OBJECTIVES

SAY:

Upon completion of this module, you will be able to:

- Discuss the benefits of team structure in teamwork;

- Define a "team";

- Identify the role of patients and their families as part of the care team; and

- Describe the components and composition of a multi-team system.

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TEAMSTEPPS TEAMWORK SKILLS
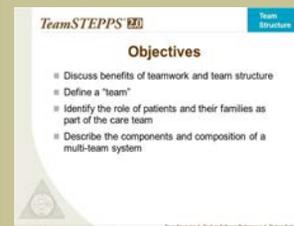
SAY:

Team structure refers to the composition of an individual team or of a multi-team system. Team structure is an integral part of the teamwork process. A properly structured patient care team is an enabler for and the result of effective communication, leadership, situation monitoring, and mutual support.

Proper team structure can promote teamwork by including a clear leader, involving the patient, and ensuring that all team members commit to their roles in effective teamwork.

It is important to identify and recognize the structure of teams, because teamwork cannot occur in the absence of a clearly defined team. Further, understanding a team's structure and how multiple teams interact in a unit is critical for planning the implementation of TeamSTEPPS tools and strategies. It is critical to know which teams are targeted for TeamSTEPPS; who on the team will adopt the TeamSTEPPS intervention; and how the intervention may affect other teams in the care environment.

WHAT DEFINES A TEAM?

SAY:

To effectively understand team structure, let's begin with defining a "team."

A team is different from a group. A group can achieve its goal through independent individual contributions. Real-time coordination of tasks between individuals is not required.

A team, however, consists of two or more people who interact dynamically, interdependently, and adaptively toward a common and valued goal, have specific roles or functions, and have a time-limited membership. During the temporal life of a team, the team's mission is of greater value than the goals of the individual members.

Team members:

- Include anyone involved in the process of patient care who can take action, including the leader;

- Have clearly defined roles and responsibilities;

- Are accountable to the team for their actions; and
- Must stay continually informed for effective team functioning.

The teamwork skills you will learn in this course will provide team members with tools and strategies for being e*ffective* team members.
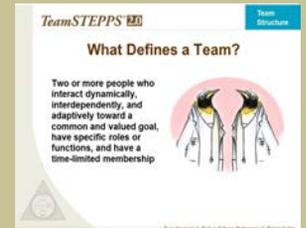
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(OPTIONAL) EXERCISE: TEAMS AND TEAMWORK

Slide

TIME:

5-10 minutes

MATERIALS:

• Teams and Teamwork Exercise Sheet

• Flipchart or Whiteboard (Optional)

• Markers (Optional)

SAY:

Let's look at the team in your own work area. Please take a few minutes to complete the Teams and Teamwork Exercise Sheet. If you are sitting near your fellow team members, you may work on this exercise together. If you are not sitting with your team, please complete it on your own. I'll ask a few of you to share your work with the rest of the class in a few minutes.

DO:

Give the participants several minutes to complete their sheets. During the discussion, you may wish to document responses on a flipchart or whiteboard.

DISCUSSION:

• Who are the team members in your area or unit?

• How many of you included patients in your list of team members?

• What characteristics make a group a team?

PARTNERING WITH THE PATIENT

SAY:

It is critical to acknowledge that a patient care team is not complete without the patient. Patients and their families should be embraced and valued as contributing partners to patient care.

Throughout this course, you will learn several teamwork skills, tools, and strategies that can easily be adapted for use by patients and their families. Thinking about how to include patients is an important part of your TeamSTEPPS implementation planning.

Examples of effective strategies for involving patients in their care include:

- Including the patient in bedside rounds;

- Conducting handoffs at the patient's bedside;

- Providing patients with tools for communicating with their care team;

- Involving patients in key committees; and

- Actively enlisting the patient's participation.

A number of organizations provide information, materials, and suggested strategies related to patient engagement, including AHRQ, the DoD Patient Safety Program, the Joint Commission, the National Patient Safety Foundation (NPSF), the U.S. Department of Health and Human Services (DHHS), the Institute for Healthcare Improvement (IHI), and Consumers Advancing Patient Safety (CAPS).

Example resources:

- The AHRQ-funded *Guide to Patient and Family Engagement: Environmental Scan Report:* http://www.ahrq.gov/research/findings/final-reports/ptfamilyscan/index.html

- The DoD Patient Safety Program's *Team Up*: http://www.health.mil/dodpatientsafety/ProductsandServices/teamup.aspx

- DoD Patient Activation Reference Guide: http://www.health.mil/dodpatientsafety/ProductsandServices/PARG.aspx

- The Joint Commission's *Speak Up:* http://www.jointcommission.org/speakup.aspx

PARTNERING WITH THE PATIENT (Continued)

Example resources (Continued):

- NPSF's *Ask Me 3:*
  http://www.npsf.org/for-healthcare- professionals/programs/ask-me-3

- DHHS' *Partnering to Heal:*
  http://www.hhs.gov/ash/initiatives/hai/training/

- IHI's Patient- and Family-Centered Care Information:
  http://www.ihi.org/explore/PFCC/Pages/default.aspx

- Information from CAPS:
  http://www.patientsafety.org/page/Programs/

CLINICAL TEAM RESPONSIBLITIES

SAY:

Working with patients and families as true partners includes:

- Listening to patients and their families.

- Asking patients how involved they prefer to be in their own care.

- Before launching into detailed status, asking patients about their concerns; otherwise, they might not listen to or understand what is being said to them.

- Speaking in lay terms to ensure that patients and families understand the information being shared.

- Allowing time for patients and families to ask questions.

- Providing patients and families access to relevant information.

- Asking patients and their families for feedback and to be proactive participants in patient care—they are also responsible for transforming relationships between health care providers and patients.

There are also resources available for patients and families. For example, the *Josie King Call Line – Condition Help ("Condition H")* program enables parents and family members to call for immediate help if they feel the patient is not receiving adequate medical attention.

For more information, go to: Maryland Patient Safety *or* Joint Commission.

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PATIENT AND FAMILY RESPONSIBLITIES
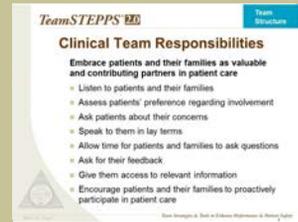
SAY:

The responsibilities of patients and their families as part of the team differ from those of the clinical team members. Patient and family responsibilities include:

- Providing accurate patient information.

- Complying with the prescribed plan of care. For example, patients and families are responsible for scheduling and attending appointments as directed.

- Asking questions and/or voicing any concerns regarding the care plan.

- Monitoring and reporting any changes in the patient's condition in a timely manner.

- Managing family members to prevent disruptive behavior during care.

- Following the instructions of the clinical team.

💬 **DISCUSSION:**

- Have you implemented any specific strategies for engaging patients and their families in your area, unit, or organization?

- If so, what has worked well and what has not worked well?

- What changes have you seen as a result of engaging patients in their care?
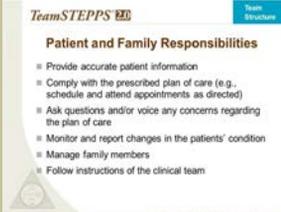
MULTI-TEAM SYSTEM FOR PATIENT CARE

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SAY:

We have discussed what defines a team, but in health care, multiple teams are involved in patient care. This slide shows the model of a multi-team system. Each team within a multi-team system is responsible for various parts of patient care, but all must act in concert to ensure quality care.

A multi-team system is composed of several different teams. The multi-team system includes the Core Team, the Contingency Team, the Coordinating Team, Ancillary and Support Services, and Administration. In addition, it is important to acknowledge the patient as a critical part of the multi-team system.

As we discuss each of the components of the multi-team system, think about whether each team should be included in your TeamSTEPPS implementation plan.
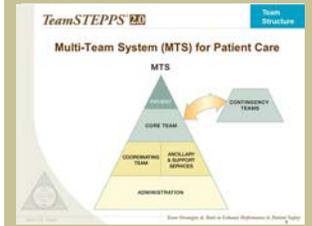
CORE TEAMS

SAY:

Core Teams consist of team leaders and team members who are involved in the direct care of the patient. Core Team members include direct care providers and continuity providers. Continuity providers manage the patient from assessment to disposition, such as case managers. The Core Team is based where the patient receives care.

Core Teams should be small enough to ensure situation monitoring, development of situation awareness, and direct, unfiltered communication between members. To establish a shared mental model, Core Teams should be large enough to include skill overlap between members to allow for workload sharing and redistribution when necessary. Every Core Team has a leader who is readily identified by all members of the team.

Core Team leadership is dynamic; Core Team leaders are required to take on different roles at various points in the plan of care. Often these may be nonleadership roles, such as supporting a nurse starting an IV.

Examples of Core Teams include:

Outpatient (Family Practice Clinic):

- The Core Team may be composed of the physician, nurse, and administrative staff member responsible for treating a patient.

Inpatient (Tertiary Care Facility):

- The Core Team may be composed of the physician, nurse, and cardiac catheterization laboratory staff member responsible for performing coronary angiography and dilation on a patient.

Inpatient (Operating Room):

- The Core Team may be composed of the surgeon, the anesthesiologist, the circulating nurse, and the scrub technician.

CONTINGENCY TEAMS

SAY:

Contingency Teams are:

- Formed for emergent or specific events;
- Time limited (e.g., Code Team, Disaster Response Team, Rapid Response Team*); and
- Composed of team members drawn from a variety of Core Teams.

*A TeamSTEPPS Rapid Response Systems Guide is available from AHRQ. For more information, go to: http://www.ahrq.gov/professionals/education/curriculum-tools/teamstepps/rrs/.

Contingency Teams are responsible for immediate, direct patient care during emergency situations requiring more resources than are available to the Core Team. Their role may be very specific and limited to a certain situation, such as a Code Team, or they may be responsible for a broad category of situations, such as disaster response. They generally consist of preidentified members derived from varying units or Core Teams and have limited time to prepare for emergencies.

Because Contingency Team members are called together for emergent or specific events, they do not typically spend much time working together as a team. However, their individual roles are clearly defined, and leadership is designated based on patient needs and member expertise in dealing with the particular situation.

Examples of Contingency Teams include:

Outpatient (Family Practice Clinic):
- The Contingency Team may be composed of a pharmacist or PharmD who can be called on if the medication regimen is complicated and requires special expertise.

Inpatient (Tertiary Care Facility):
- The Contingency Team may be composed of the cardiac surgeon, anesthesia staff, and operating room staff who can be called on if the patient requires emergency surgery.

Inpatient (Operating Room):
- The Contingency Team may be composed of anesthesia staff.

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COORDINATING TEAMS

Slide

SAY:

The Coordinating Team is the group responsible for:

- Day-to-day operational management;

- Coordination functions, such as triaging emerging events and prioritizing decisionmaking to ensure maximal support to the Core Team; and

- Resource management for Core Teams, such as collaborating with the Administrative and Ancillary Teams to assign priorities and ensure throughput.

Direct patient care may be a secondary function with the exception of small facilities.

Coordinating Teams frequently include experienced personnel with a strong clinical background. This combination enhances the ability of the Coordinating Team members to rapidly assess the overall picture, anticipate the needs or potential needs between and across teams, and make priority-based decisions.

ASK:

- Who might be the members of the Coordinating Team for an outpatient clinic?

  – *The clerk checking in patients for each Core Team, and the individuals responsible for triage, resource management, and promotion of teamwork in the clinic for the given day.*

- Who might be the members of the Coordinating Team in an inpatient setting?

  – *The chief nurse or physician responsible for triage and resource management for the intensive care units.*

- Who might be the members of the Coordinating Team for an operating room?

  – *The charge nurse, an anesthesiologist, and a unit clerk.*

ANCILLARY AND SUPPORT SERVICES

Slide

SAY:

Ancillary Services consist of individuals who:

- Provide direct, task-specific, time-limited care to patients;

- Support services that facilitate care of the patients; and

- Are often not located where the patients receive their routine care.

Ancillary Services are primarily a service delivery team whose mission is to support the Core Team. In general, an Ancillary Services Team functions independently.

Support Services are primarily a service-focused team whose mission is to create efficient, safe, comfortable and clean health care environments, which affect the patient care team, market perception, operational efficiency, and patient safety.

ASK:

- What are some examples of Ancillary and Support Services teams?

Possible Answers:

- Clinical services

  – Laboratory
  – X-ray
  – Pharmacy
  – Radiology
  – Pathology

- Support services

  – Housekeeping
  – Sterile Processing
  – Bioengineering
  – Human Resource Management

THE ROLE OF ADMINISTRATION

Slide

SAY:

Administration includes the executive leadership of a unit or facility and has 24-hour accountability for the overall function and management of the organization. The Administrative Team has no responsibility in the direct delivery of care but provides the framework and guidance that ensure that each team understands its role and responsibility and has access to the necessary resources to succeed.

Administration creates the climate and culture for a teamwork system to flourish by:

- Establishing and communicating vision;

- Developing and enforcing policies and procedures that clearly articulate the roles and responsibilities of the other teams and team members;

- Setting expectations for staff;

- Providing necessary resources for successful implementation;

- Holding teams accountable for team performance; and

- Defining the culture of the organization.

Administration should strive to create a learning culture where there is trust and transparency to create a safe environment to report, analyze, and share information openly. This philosophy serves to define a culture of safety; however, as examples in aviation and other high-risk industries have shown, the change will not happen overnight.

TEAM STRUCTURE VIDEO

Slide

SAY:

Please consider how the lack of team structure plays a role in the situation shown in this video.

DO:

Play the video by clicking the director icon on the slide.

DISCUSSION: Go to next page >

VIDEO TIME:

2:11 minutes

MATERIALS:

• Inpatient Medical Video (INPTMED _Opportunity_Co mplete_Vignette. mpg)

TEAM STRUCTURE VIDEO ANALYSIS

SAY:

Now let's discuss what you saw in the video vignette.

DISCUSSION:

- What members of each of the following teams were involved in this scenario?

    - The Core Team?

        - The nurse (Amy). The physician was not involved at all.

    - The Coordinating Team?

        - The clerk (Sheri).

    - The Contingency Team?

        - No members of this team appeared in the video. However, when Mrs. Everett coded, the members of the team that responded would make up the Contingency Team.

    - Ancillary and Support Services?

        - The med tech (Greg).

- Where did the breakdowns occur between the components of this multi-team system?

    - The med tech did not provide any information to the clerk to indicate there was a real concern that needed to be shared with the nurse.

    - The med tech and the nurse never followed up with one another to share information.

    - Because the nurse was not aware of the med tech's observations and concerns, the physician was never alerted to the changes in Mrs. Everett's behavior.

- What could the individuals involved in this scenario have done differently to produce a better outcome?

EXERCISE: APPLYING TEAMSTEPPS

👁 **Instructor Note:** This slide is intended for the Master Training course only. The previous slide should be the last one shown to staff participants at your organization.

SAY:

Now return to your TeamSTEPPS Implementation Worksheet. After the Introduction module, you identified the teamwork issue or issues that you plan to address with TeamSTEPPS. Now, think about the area in which you intend to use TeamSTEPPS to improve performance.

Think about:

• What types of team members make up each team?

• How do the teams in your unit or area interact with one another?

• How might each of the teams fit into your TeamSTEPPS implementation plan?

DO:

Ask a few individuals to report on the multi-team system that will be affected by their intended TeamSTEPPS implementation.

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MATERIALS:

• TeamSTEPPS Implementation Worksheet