TeamSTEPPS
Team Strategies & Tools to Enhance Performance & Patient Safety for Primary Care Teams
“Initiative based on evidence derived from team performance...leveraging more than 25 years of research in military, aviation, nuclear power, business and industry...to acquire team competencies”
TeamSTEPPS®

TeamSTEPPS Skills

- Leadership
- Communication
- Situation Monitoring
- Mutual Support

PERFORMANCE

SKILLS

KNOWLEDGE

ATTITUDES

PATIENT CARE TEAM
Does TeamSTEPPS Work?

Clinical Outcomes

- 50% reduction in the Weighted Adverse Outcome Score (WAOS), which describes the adverse event score per delivery.
- 50% decrease in the Severity Index, which measures the average severity of each delivery with an adverse event*
- Reduced rate of adverse drug events
- Improved medication reconciliation at patient admission†

Does TeamSTEPPS Work?

Teamwork Outcomes

- Significant improvement in communication and supportive behavior
- Significant posttraining increases in perceptions of teamwork*
- Reductions in turnover rate
- Increases in employee satisfaction†


Primary Care Office Environment
Primary Care Office Environment

- Ducklike Chaos – calm appearing above the water while chaos churns below
- Primary Care Medical Office
  - Does not conform to a pattern of work
  - Has many components working together on multiple tasks simultaneously
  - Treats numerous patients simultaneously
Team-Building Exercise

EXERCISE
Why Does Teamwork Matter in Primary Care Offices?

- Better continuity of care, access to care, and patient satisfaction*
- Higher patient-perceived quality of care†
- Superior care for diabetes patients‡


Primary Care Team Structure
Let’s Talk About Your Team

- What does it look like?
  - Who are the team members?
  - When do you interact?
  - How do you exchange critical patient information?
  - If you had a magic wand, how would you change your team (if at all)?
Teamwork & the Primary Care Team

The Primary Care Team has all these obstacles to effective care:

- Conflict
- Lack of Coordination
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity
- Miscommunication
- Hierarchy
- Lack of information sharing
Example of Poorly Functioning Medical Office Team

Let’s watch four different primary care teams in action.
What breakdowns did you see?
TeamSTEPPS®

Teamwork Strategies for Addressing Breakdowns

STEP

Status of the Patient
Team Members
Environment
Progress Toward Goal

I am Concerned!
I am Uncomfortable!
This is a Safety Issue

Primary Care Team

Team Strategies & Tools to Enhance Performance & Patient Safety
Leadership is a process of motivating people to work together collaboratively to accomplish tasks

- **Shared leadership**

- **Characteristics of effective leadership:**
  - Role modeling and shaping teamwork through open sharing of information
  - Constructive and timely feedback
  - Facilitation of briefs, huddles, debriefs, and conflict resolution
Leadership Strategies

- Briefs – planning
- Huddles – problem solving
- Debriefs – process improvement

Leaders are responsible to assemble the team and facilitate team events

But remember…

Anyone can request a brief, huddle, or debrief
Briefs

Planning
- Form the team
- Designate team roles and responsibilities
- Establish climate and goals
- Engage team in short- and long-term planning
# Briefing Checklist

<table>
<thead>
<tr>
<th>TOPIC</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is on your team today?</td>
<td>✅</td>
</tr>
<tr>
<td>All members understand and agree upon goals?</td>
<td>✅</td>
</tr>
<tr>
<td>Roles and responsibilities understood?</td>
<td>✅</td>
</tr>
<tr>
<td>Staff availability?</td>
<td>✅</td>
</tr>
<tr>
<td>Workload?</td>
<td>✅</td>
</tr>
<tr>
<td>Available resources?</td>
<td>✅</td>
</tr>
<tr>
<td>Review of the day’s patients?</td>
<td>✅</td>
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</tbody>
</table>
Huddle

Problem Solving

- Hold ad hoc, “touch-base” meetings to regain situation awareness
- Discuss critical issues and emerging events
- Anticipate outcomes and likely contingencies
- Assign resources
- Express concerns
Debrief

Process Improvement

- Brief, informal information exchange and feedback sessions
- Occur after an event or shift
- Designed to improve teamwork skills
- Designed to improve outcomes
  - An accurate reconstruction of key events
  - Analysis of what worked or did not work and why
  - What should be done differently next time
- Recognize good team contributions or catches
Debrief Checklist

<table>
<thead>
<tr>
<th>TOPIC</th>
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</thead>
<tbody>
<tr>
<td>Communication clear?</td>
</tr>
<tr>
<td>Situation awareness maintained?</td>
</tr>
<tr>
<td>Workload distribution?</td>
</tr>
<tr>
<td>Did we ask for or offer assistance?</td>
</tr>
<tr>
<td>Were errors made or avoided?</td>
</tr>
<tr>
<td>What went well, what should change, what can improve?</td>
</tr>
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</table>
Leadership in the Primary Care Medical Office

Let’s watch the first primary care team demonstrate proper team leadership.
Exercise

- Think about your office team.
- Have you encountered a leadership problem?
- What strategy would you use to overcome it?
Front Office Scenario

Jack, an elderly man who just had cataract surgery, cannot drive. Jack was taken to the clinic by his son for a follow-up on his blood pressure and diabetes. While Jack was in the examination room, his son was called away on an emergency. When Jack finished his appointment and found that his son was not waiting for him, he was very upset. The front desk administrator realized that Jack had no way to get home and called a quick huddle with the nurse and the billing specialist. Together they decided to arrange for a taxi to take Jack home. The front desk administrator then called Jack after he arrived home to make sure all was well.
## Leadership

<table>
<thead>
<tr>
<th>BARRIERS</th>
<th>TOOLS and STRATEGIES</th>
<th>OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hierarchical Culture</td>
<td>Brief Huddle Debrief</td>
<td>Shared Mental Model</td>
</tr>
<tr>
<td>Lack of Resources or Information</td>
<td></td>
<td>Adaptability</td>
</tr>
<tr>
<td>Ineffective Communication</td>
<td></td>
<td>Team Orientation</td>
</tr>
<tr>
<td>Conflict</td>
<td></td>
<td>Mutual Trust</td>
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Situation Monitoring

Process of *actively scanning* behaviors and actions to assess elements of the situation or environment

- Fosters mutual respect and team accountability
- Provides safety net for team and patient
- Includes cross-monitoring

... *Remember, engage the patient whenever possible.*
Cross-Monitoring is...

A process of monitoring unfolding actions against the established plan of care to avoid errors

- Helps maintain accurate situation awareness
- Way of “watching each other’s back”
- Gives team members a way to monitor patient care and give constructive feedback

_Mutual performance monitoring has been shown to be an important team competency._

(McIntyre and Salas, 1995)
Components of Situation Monitoring:

- Status of the Patient
- Team Members
- Environment
- Progress Toward Goal
Situation Monitoring in the Primary Care Medical Office

Let’s watch the second primary care office demonstrate proper team situation monitoring.
Situation Monitoring Exercise

- Think about your daily office routine.
- Have you encountered barriers to situation monitoring?
- What strategy would you use to overcome them?
Front Office Scenario

Susan was due for a mammogram and the provider ordered it. Upon arrival at the mammography service, Susan was told that she would have to pay for the mammogram, since her insurance company did not cover it. Confused, Susan returned to the primary care clinic and told the administrative assistant that she did not have the money to pay for this. She was especially upset because her mother was a breast cancer survivor. The administrative assistant assessed (1) the status of the situation, that a billing specialist (2) team member was needed, (3) the environment (the patient was upset), and (4) the progress towards the goal (patient was being denied access). The billing specialist then called the insurer and clarified that the insurer had the wrong dates and Susan’s mammogram was due. The insurer realized their error and covered the mammogram.
**BARRIERS**
- Hierarchical Culture
- Lack of Resources or Information
- Ineffective Communication
- Conflict
- Time
- Distractions
- Workload
- Fatigue
- Misinterpretation of Data
- Failure To Share Information

**TOOLS and STRATEGIES**
- Brief Huddle
- Debrief
- STEP
- Cross-Monitoring

**OUTCOMES**
- Situation Awareness
- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
Mutual Support

Mutual support is the essence of teamwork:

- It includes the ability to anticipate the needs of other team members through knowledge of their tasks and responsibilities
- It protects team members from work overload situations that may reduce effectiveness and increase the risk of error
Task Assistance

Team members foster a climate in which it is expected that assistance will be actively sought and offered as a method for reducing the occurrence of error.

“In support of patient safety, it’s expected!”
What Is Feedback?

“Feedback is the giving, seeking, and receiving of performance-related information among the members of a team.”

(Dickinson and McIntyre, 1997)
Types of Feedback

- Can be formal or informal
- Constructive feedback
  - Is considerate and task specific and focuses attention on performance and away from the individual*
  - Is provided by all team members
- Evaluative feedback
  - Helps the individual by comparing behavior to standards or to the individual’s own past performance†
  - Most often used by an individual in a coaching or mentoring role

Characteristics of Effective Feedback

Good Feedback is—

- TIMELY
- RESPECTFUL
- SPECIFIC
- DIRECTED toward improvement
  - Helps prevent the same problem from occurring in the future
- CONSIDERATE

“Feedback is where the learning occurs.”
Advocacy and Assertion

- Advocate for the patient
  - Invoked when team members’ viewpoints don’t coincide with that of a decisionmaker
- Assert a corrective action in a \textit{firm} and \textit{respectful} manner
The Assertive Statement

- Respect and support authority
- Clearly assert concerns and suggestions
- Use an assertive statement (nonthreatening and ensures that critical information is addressed)
  - Make an opening
  - State your concern
  - Explain the problem
  - Offer a solution
  - Reach an agreement
Conflict Resolution Options

Information Conflict
(We have different information!)

Two-Challenge rule

Personal Conflict
(Hostile and harassing behavior)

DESC script
Two-Challenge Rule
Two-Challenge Rule

Invoked when an initial assertion is ignored…

- It is your *responsibility* to assertively voice your concern at least *two times* to ensure that it has been heard
- The member being challenged must acknowledge
- If the outcome is still not acceptable
  - Take a stronger course of action
  - Use chain of command
Please Use CUS Words but *only* when appropriate!

I am **Concerned**!  
I am **Uncomfortable**!  
This is a **Safety Issue**!
Conflict Resolution DESC Script

A constructive approach for managing and resolving conflict

D—Describe the specific situation
E—Express your concerns about the action
S—Suggest other alternatives
C—Consequences should be stated

Ultimately, consensus will be reached.
DESC-It

Let’s “DESC-It!”

- Have timely discussion
- Frame problem in terms of your own experience
- Use “I” statements to minimize defensiveness
- Avoid blaming statements
- Remember: Critique is not criticism
- Focus on what is right, not who is right
Ineffective Approaches to Conflict Resolution

Often used to manage conflict; however, typically do not result in the best outcome—

- **Compromise**—Both parties settle for less
- **Avoidance**—Issues are ignored or sidestepped
- **Accommodation**—Focus is on preserving relationships
- **Dominance**—Conflicts are managed through directives for change
Collaboration

- Achieves a mutually satisfying solution resulting in the best outcome
  - All Win!: Patient Care Team (team members, the team, and the patient)
  - Includes commitment to a common mission
- Meets goals without compromising relationships

"True collaboration is a process, not an event."
Mutual Support in the Primary Care Medical Office

Let’s watch the third primary care office demonstrate proper team mutual support.
Exercise

- Think about your office team.
- Have you encountered a problem with mutual support?
- What strategy would you use to overcome it?
Front Office Scenario

Your clinic has a rule that patients will still be seen if they arrive within a 30-minute window of their appointment. Greg arrives 5 minutes past the window and sincerely apologizes for being late. The administrative assistant tells Greg that he will simply have to reschedule the appointment for a later time. The patient advocate overhears this and pulls the administrative assistant aside. She agrees that Greg should be rescheduled according to the clinic’s rules, but she explains to the administrative assistant that he lives very far away and relies on friends and family to transport him to doctor’s visits and that all efforts should be made to see him today. The administrative assistant appreciates this information and the fact that the advocate pulled him aside to tell him. The administrative assistant ensures that Greg will be seen today.
**TeamSTEPPS**

**Mutual Support**

**BARRIERS**
- Hierarchical Culture
- Lack of Resources or Information
- Ineffective Communication
- Conflict
- Time
- Distractions
- Workload
- Fatigue
- Misinterpretation of Data
- Failure To Share Information
- Defensiveness
- Conventional Thinking

**TOOLS and STRATEGIES**
- Brief Huddle
- Debrief
- STEP Cross-Monitoring Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration

**OUTCOMES**
- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- Patient Safety!
Communication

“The process by which information is clearly and accurately exchanged between two or more team members in the prescribed manner and with proper terminology and the ability to clarify or acknowledge the receipt of information.”

Communication is…

- The process by which information is exchanged between individuals, departments, or organizations
- The lifeline between the patient and any member of the team
- Effective when it permeates every aspect of an organization
SBAR provides…

- A framework for team members to effectively communicate information to one another:
  - 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/Request —What would I recommend? What do I need from you?

- SBAR’s adaptability is encouraged – make this work for your team!

*Remember to introduce yourself…*
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
Handoff

- Optimized Information
- Responsibility– Accountability
- Uncertainty
- Verbal Structure
- Checklists
- Acknowledgment

*Great opportunity for quality and safety*
Handoff Exercise

- Develop a handoff checklist based upon needs of your particular office:
  - How is your team unique?
  - Keep in mind core components.
Check-Back is…

Sender initiates message

Sender verifies message was received

Receiver accepts message, provides feedback confirmation

COMMUNICATION

CLOSED

LOOP
Communication in the Primary Care Medical Office

Let’s watch the fourth primary care office demonstrate proper team communication.
Communication Exercise

- Think about your office team.
- What do you think are the opportunities to improve communication in your office?
- If you had a magic wand, what strategies would you use to overcome communication breakdowns?
Front Office Scenario

For some unknown reason, the electronic health records system was not functioning and the staff had to transition to writing paper notes. Alice had an appointment for followup of labs and x rays. Since there was no way to access the diagnostic data, the provider asked the administrative assistant to call both the laboratory and the radiology service to get the results via telephone. The administrative assistant called and explained the situation, the background, and the assessment, and requested the necessary information. This method of communication expedited the transfer of information from the radiology technician to the administrative assistant. The provider was then able to see Alice on time and discuss her lab and x ray results.
Patient- and Family-Centered Care

*Primary care teams should:*

- Hear the patient’s stories, be open and honest with them, and take action with them.
- Respect the patient and family as the central hub of the care team.
- Make sure patients share fully in decisionmaking.
- Speak to patients in a way they can understand and enable them to feel empowered to be in control of their care.
Equipping the Patient

- Improving health care quality is a team effort.
- Patients can improve their care and the care of their loved ones by taking an active role in the process.
- Encourage patients to ask questions, understand their condition, and evaluate their options.
- The AHRQ Web site “Questions Are the Answer” is a great resource for patients and families on what questions to ask their providers:

www.ahrq.gov/questionsaretheanswer/

Questions Your Patients Should Ask

- What is the test for?
- When will I get the results?
- Why do I need this treatment?
- Are there any alternatives?
- What are the possible complications?
- Which hospital is best for my needs?
- How do you spell the name of that drug?
- Are there any side effects?
Janet brought her 6-year-old son to Dr. Lee’s office with sore throat and a fever. After a quick strep test, Dr. Lee diagnosed him as having strep throat. Dr. Lee ordered amoxicillin 250 mg 3 times a day for 10 days. Janet said, “I really hate to give him medications; can we wait to see if it will go away by itself?” Dr. Lee said, “Janet, strep throat is serious and can lead to rheumatic fever, which can cause inflammation of his heart and permanent heart murmur – he needs to take this medicine.” Janet looked very alarmed but said nothing else and simply thanked Dr. Lee as he walked out. Jill, the medical assistant who remained in the room with them, asked Janet if she had any questions. Janet said she couldn’t think of any. Jill knew the importance of working with the patient and family to involve them in the plan of care. She encouraged Janet to discuss any concerns and always ask questions.

How can Jill help Janet address her concerns? What are some questions Jill can help Janet think about?
Barriers to Team Effectiveness

**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 Followup With Co-Workers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

**TOOLS and STRATEGIES**
- Brief
- Huddle
- Debrief
- STEP
- Cross-Monitoring Feedback
- Advocacy and Assertion
- Two-Challenge Rule
- CUS
- DESC Script
- Collaboration
- SBAR
- Check-Back
- Handoff

**OUTCOMES**
- Shared Mental Model
- Adaptability
- Team Orientation
- Mutual Trust
- Team Performance
- **Patient Safety!!**
Example of High-Functioning Medical Office Team

Let’s watch our four primary care office teams demonstrate all four of the core teamwork skills discussed during this training.
Pulling It All Together
What were their successes?