



TeamSTEPPS[®]

Long-Term Care Essentials Course

*Strategies and Tools to Enhance
Performance and Patient Safety*



PATIENT
SAFETY



TeamSTEPPS®

TeamSTEPPS®

Team Competency Outcomes

Knowledge

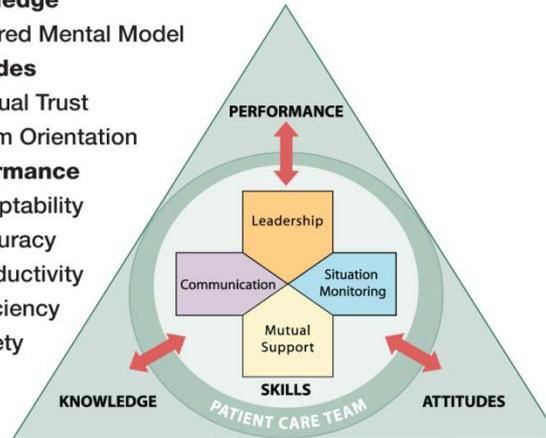
- Shared Mental Model

Attitudes

- Mutual Trust
- Team Orientation

Performance

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety

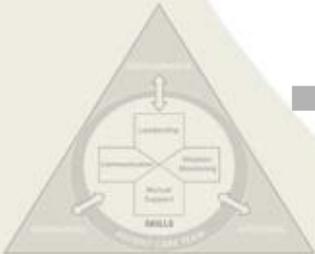


TeamSTEPPS is composed of four teachable-learnable skills: Leadership, Situation Monitoring, Mutual Support, and Communication: the core of the TeamSTEPPS framework. The arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care. Encircling the four skills is the resident care team, which not only represents the resident and direct caregivers but also those who play a supportive role within the health care delivery system.

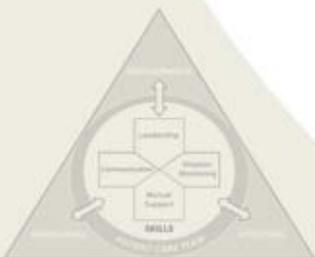
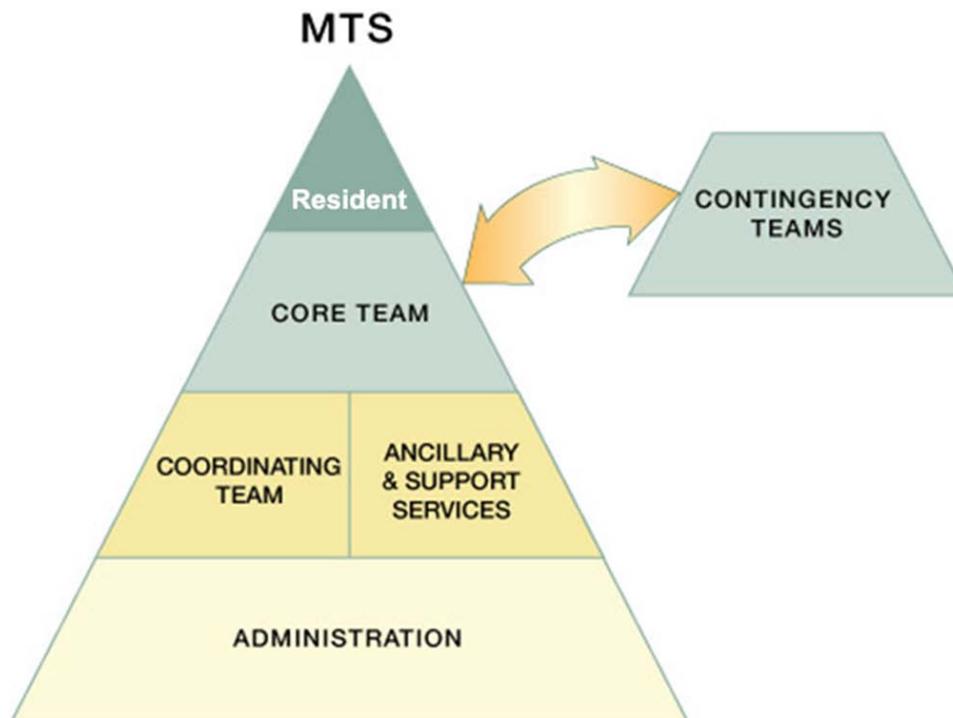
...TeamSTEPPS is an evidence-based framework to optimize team performance across the health care delivery system.

Key Principles

- **Team Structure**
 - Delineates fundamentals such as team size, membership, leadership, composition, identification, and distribution.
- **Leadership**
 - Ability to coordinate the activities of team members by ensuring 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 functioning of the team.
- **Mutual Support**
 - Ability to anticipate and support other team members' needs through accurate knowledge about their responsibilities and workload.
- **Communication**
 - Process by which information is clearly and accurately exchanged among team members.

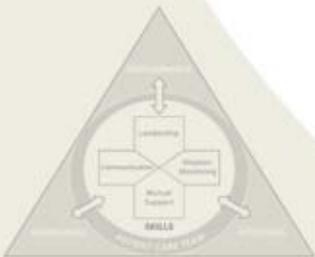


Multi-Team System for Resident Care



Effective Team Leaders

- **Organize the team**
- **Articulate clear goals**
- **Make decisions through collective input of members**
- **Empower members to speak up and challenge, when appropriate**
- **Actively promote and facilitate good teamwork**
- **Can resolve conflicts effectively**



Team Events

Planning

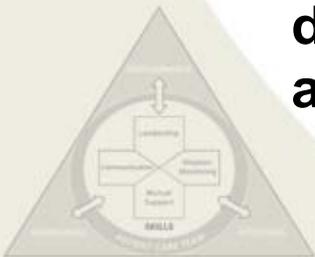
- **Brief** — Short session prior to start to discuss team formation; assign essential roles; establish expectations and climate; anticipate outcomes and likely contingencies.

Problem Solving

- **Huddle** — Ad hoc planning to reestablish situation awareness; reinforce plans already in place; and assess the need to adjust the plan.

Process Improvement

- **Debrief** — Informal information exchange session designed to improve team performance and effectiveness; after action review.



Brief Checklist

During the brief, the team should address the following questions:

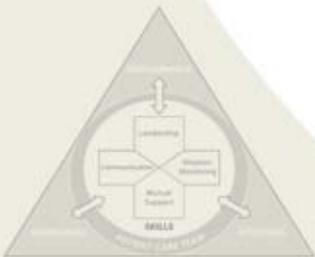
- Who is on the team?
- All members understand and agree upon goals?
- Roles and responsibilities are understood?
- What is our plan of care?
- Staff and provider's availability throughout the shift?
- Workload among team members?
- Availability of resources?



Debrief Checklist

The team should address the following questions during a debrief:

- Communication clear?
- Roles and responsibilities understood?
- Situation awareness maintained?
- Workload distribution equitable?
- Task assistance requested or offered?
- Were errors made or avoided? Availability of resources?
- What went well, what should change, what should improve?



Situation Monitoring Process



Situation monitoring is the process of continually scanning and assessing what's going on around you to maintain situation awareness.

Situation awareness is "knowing what is going on around you."

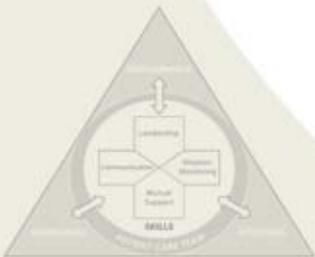
With a shared mental model, all team members are "on the same page."



Cross-Monitoring

An error reduction strategy that involves:

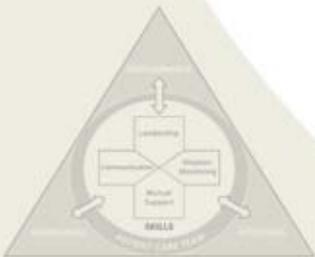
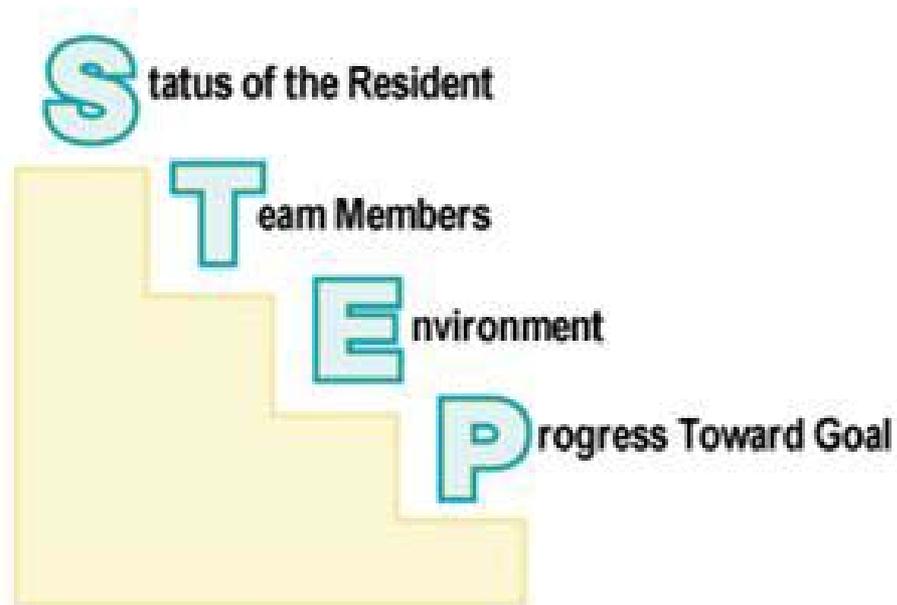
- **Monitoring actions of other team members**
- **Providing a safety net within the team**
- **Ensuring that mistakes or oversights are caught quickly and easily**
- **"Watching each other's back"**



STEP

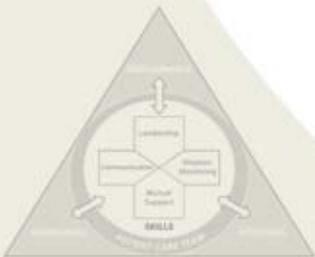
A tool for monitoring situations in the delivery of health care

Components of Situation Monitoring:



STEP

- ✓ Assess **Status** of Resident
 - Resident History
 - Vital Signs
 - Medications
 - Physical Exam
 - Plan of Care
 - Psychosocial
- ✓ Assess Level of **Team** Members'
 - Fatigue
 - Workload
 - Task Performance
 - Skill
 - Stress
- ✓ Assess **Environment**
 - Facility Information
 - Administrative Information
 - Human Resources
 - Acuity of Residents and Team Members' Assignments
 - Equipment
- ✓ Assess **Progress** Toward Goal
 - Status of Team's Resident(s)?
 - Established Goals of Team?
 - Tasks/Actions of Team?
 - Plan Still Appropriate?



***I'M SAFE* Checklist**

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

An individual team member's responsibility...

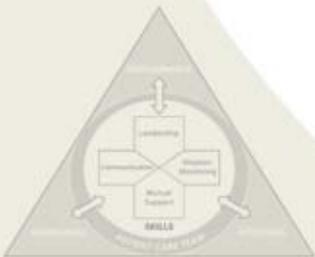


Task Assistance

A form of mutual support:

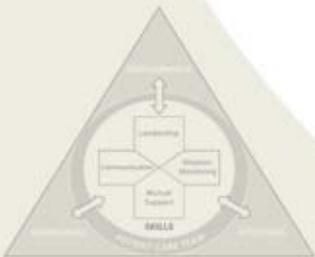
- Team members protect each other from work overload situations
- Effective teams place all offers and requests for assistance in the context of resident safety
- Team members foster a climate where it is expected that assistance will be actively *sought* and *offered*

In support of resident safety, it's expected!



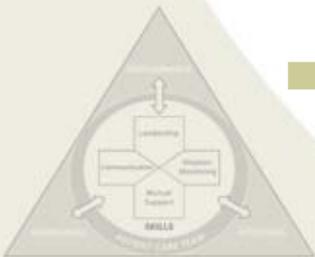
Feedback

- ***Information provided for the purpose of improving team performance***
- **Feedback should be:**
 - *Timely* — given soon after the target behavior has occurred
 - *Respectful* — focus on behaviors, not personal attributes
 - *Specific* — be specific about what behaviors need correcting
 - *Directed toward improvement* — provide directions for future improvement
 - *Considerate* — consider a team member's feelings and deliver negative information with fairness and respect



Advocacy and Assertion

- **Advocate for the resident**
 - Invoked when team members' viewpoints don't coincide with that of the decisionmaker
- **Assert a corrective action in a *firm and respectful* manner**
 - Make an opening
 - State the concern
 - Offer a solution
 - Obtain an agreement

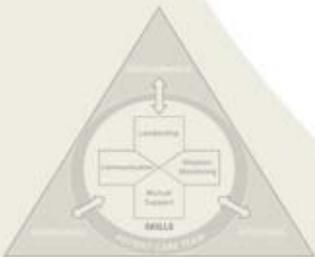


Two-Challenge Rule

When an initial assertion is ignored:

- It is your 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:
 - Take a stronger course of action.
 - Use supervisor or chain of command.

Empowers all team members to "*stop the line*" if they sense or discover an essential safety breach.



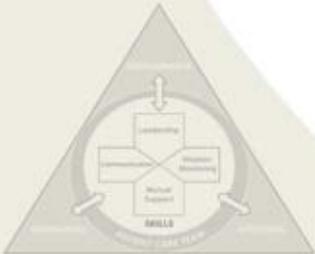
CUS

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 specific situation or behavior; provide concrete data
- **E** — Express how the situation makes you feel/what your concerns are
- **S** — Suggest other alternatives and seek agreement
- **C** — Consequences should be stated in terms of impact on established team goals; strive for consensus



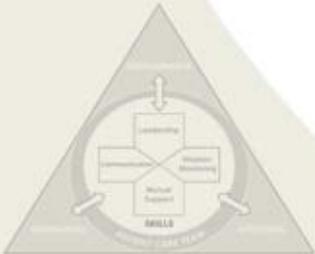
Collaboration

Achieves a mutually satisfying solution resulting in the best outcome

- **Win-Win-Win for Resident Care Team (includes the resident, team members, and team)**
- **Commitment to a common mission**

Meet goals without compromising relationships

"True collaboration is a process, not an event"



SBAR

A technique for communicating critical information that requires immediate attention and action concerning a resident's condition

- **Situation** — What is going on with the resident?
"I am calling about Mrs. Mary Smith, 88 years old, who has had a change in condition. She has a new onset of confusion, has developed a cough, ate very little today, and has been refusing all extra fluids."
- **Background** — What is the clinical background or context?
"Mrs. Smith has type 2 diabetes, arthritis, osteoporosis, cataracts, stress incontinence, and mild cognitive impairment."
- **Assessment** — What do I think the problem is?
"She is lethargic but responsive to simple verbal commands. She has a dry cough and on auscultation of her lungs has some rhonchi in the right base. Her urine looked cloudy."
- **Recommendation and Request** — What would I do to correct it?
"I am wondering if she is starting with a UTI or a respiratory infection. I think she is stable to stay here but should we get a urine sample, chest x ray, or any lab work?"



Call-Out

Strategy used to communicate important or critical information

- Informs all team members simultaneously during emergent situations
- Helps team members anticipate next steps
- Important to direct responsibility to a specific individual responsible for carrying out the task
- Example during an incoming trauma:

Leader: *"Airway status?"*

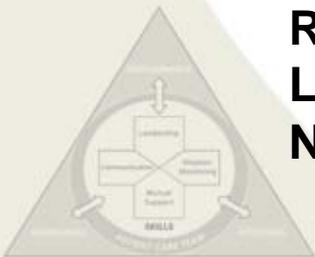
Resident: *"Airway clear"*

Leader: *"Breath sounds?"*

Resident: *"Breath sounds decreased on right"*

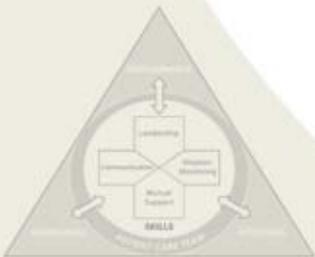
Leader: *"Blood pressure?"*

Nurse: *"BP is 96/62"*



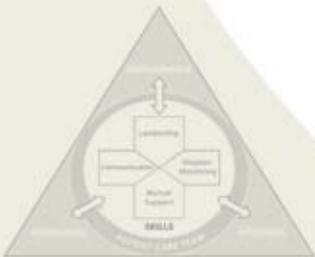
Check-Back

- **Process of using closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended**
- **The steps include the following:**
 - Sender initiates the message
 - Receiver accepts the message and provides feedback
 - Sender double-checks to ensure that the message was received
 - Example:
 - Nurse: *“Apply 2 liters of oxygen via nasal cannula.”*
 - Nursing Assistant: *“2 liters oxygen via nasal cannula.”*
 - Nurse: *“Yes, that’s correct.”*



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**
- **Examples of transitions in care include shift changes, physicians transferring complete responsibility, and resident transfers**



Handoff

Strategy designed to enhance information exchange during transitions in care

I	Introduction	Introduce yourself and your role/job (include resident)
P	Patient/Resident	Name, identifiers, age, sex, location
A	Assessment	Relevant diagnoses and complaints, vital signs, symptoms
S	Situation	Current status (e.g., ADL status, intake/appetite, elimination, behavior, cognition), circumstances, including code status, level of uncertainty, recent changes, response to treatment
S	SAFETY Concerns	Critical lab values/reports, allergies, alerts (falls, isolation, etc.)
THE		
B	Background	Other diagnoses, previous episodes, current medications, 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 (nurse/doctor/APRN/nursing assistant)? Include resident/family responsibilities
N	Next	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

Team Performance Observation Tool

Team Structure

Assembles team
 Establishes leader
 Identifies team goals and vision
 Assigns roles and responsibilities
 Holds team accountable
 Actively shares information

Leadership

Utilizes resources to maximize performance
 Balances workload within the team
 Delegates tasks or assignments, as appropriate
 Conducts briefs, huddles, and debriefs
 Empowers team to speak freely and ask questions

Situation Monitoring

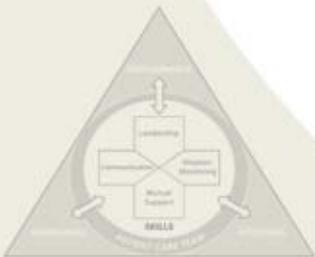
Includes resident/family in communication
 Cross-monitors team members
 Applies the STEP process
 Fosters communication to ensure a shared mental model

Mutual Support

Provides task-related support
 Provides timely and constructive feedback
 Effectively advocates for the resident
 Uses the Two-Challenge rule, CUS, and DESC script to resolve conflict
 Collaborates with team

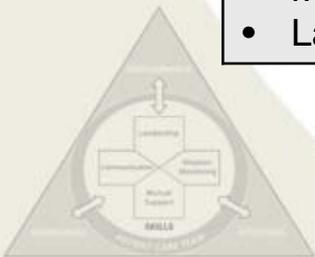
Communication

Routinely provides coaching feedback to team members when appropriate
 Provides brief, clear, specific, and timely information
 Seeks information from all available sources
 Verifies information that is communicated
 Uses SBAR, call-outs, check-backs, and handoff techniques



Barriers, Tools and Strategies, and Outcomes

Barriers	Tools and Strategies	Outcomes
<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Brief • Huddle • Debrief • STEP • Cross-Monitoring • Feedback • Advocacy and Assertion • Two-Challenge Rule • CUS • DESC Script • Collaboration • SBAR • Call-Out • Check-Back • Handoff 	<ul style="list-style-type: none"> • Shared Mental Model • Adaptability • Team Orientation • Mutual Trust • Team Performance • Resident Safety!



Identifying Opportunities To Use TeamSTEPPS Tools and Strategies

