

# Pocket Guide

*TeamSTEPPS*<sup>®</sup> 2.0

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

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## Framework and Competencies

### Team Competency Outcomes

#### Knowledge

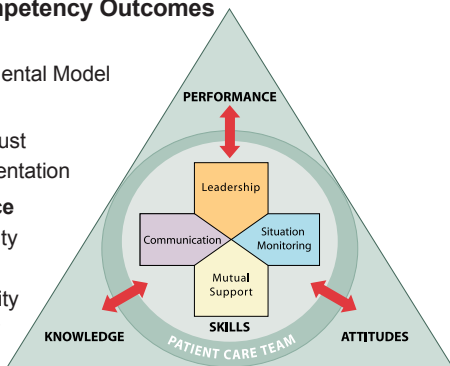
- Shared Mental Model

#### Attitudes

- Mutual Trust
- Team Orientation

#### Performance

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety



TeamSTEPPS has five key principles. It is based on team structure and four teachable-learnable skills: Communication, Leadership, Situation Monitoring, and Mutual Support. 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 and support quality improvement. Encircling the four skills is the team structure of the patient care team, which represents not only the patient 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**

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

## **Leadership**

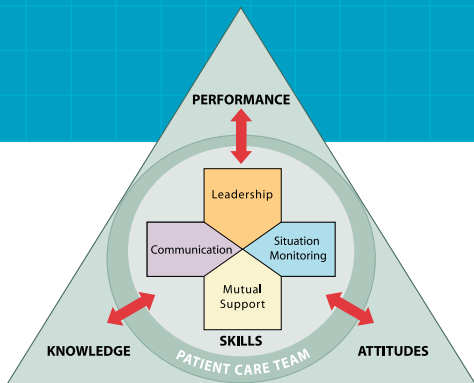
Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources

## **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

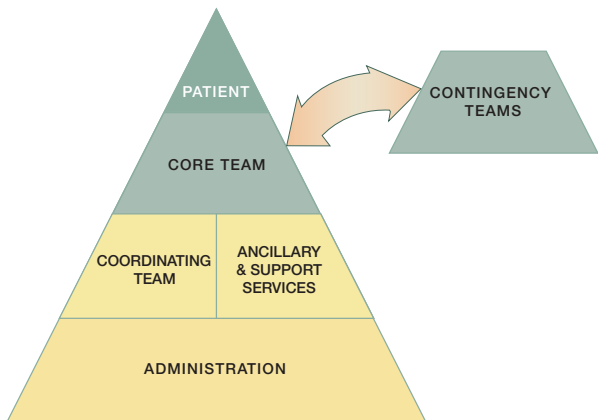


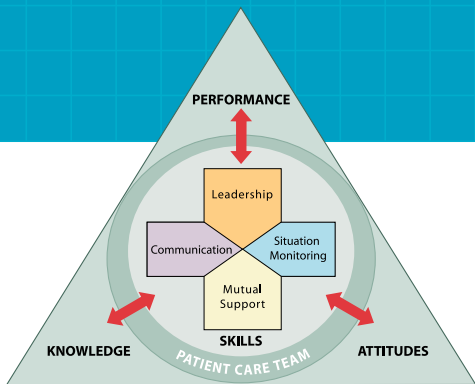
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## Team Structure

# Multi-Team System For Patient Care

Safe and efficient care involves  
the coordinated activities of a  
multi-team system.





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## 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?

*“I am calling about Mrs. Joseph in room 251. Chief complaint is shortness of breath of new onset.”*

**Background** – What is the clinical background or context?

*“Patient is a 62-year-old female post-op day one from abdominal surgery. No prior history of cardiac or lung disease.”*

**Assessment** – What do I think the problem is?

*“Breath sounds are decreased on the right side with acknowledgment of pain. Would like to rule out pneumothorax.”*

**Recommendation and Request** – What would I do to correct it?

*“I feel strongly the patient should be assessed now. Can you come to room 251 now?”*

### 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

Using closed-loop communication to ensure that information conveyed by the sender is understood by the receiver as intended

The steps include the following:

1. Sender initiates the message
2. Receiver accepts the message and provides feedback
3. Sender double-checks to ensure that the message was received

Example:

**Doctor:** *“Give 25 mg Benadryl IV push”*

**Nurse:** *“25 mg Benadryl IV push”*

**Doctor:** *“That’s correct”*

### Handoff

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.

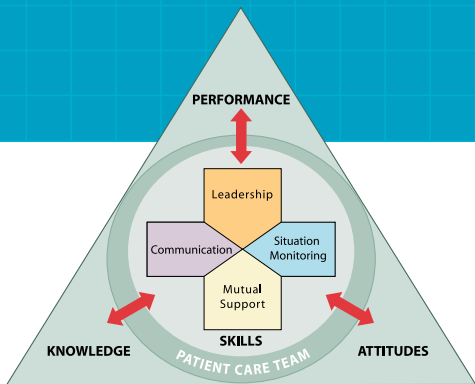
Examples of transitions in care include shift changes; transfer of responsibility between and among nursing assistants, nurses, nurse practitioners, physician assistants, and physicians; and patient transfers.

# Handoff

Strategy designed to enhance information exchange during transitions in care

## “I PASS THE BATON”

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



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## Leadership

## 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 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's 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:

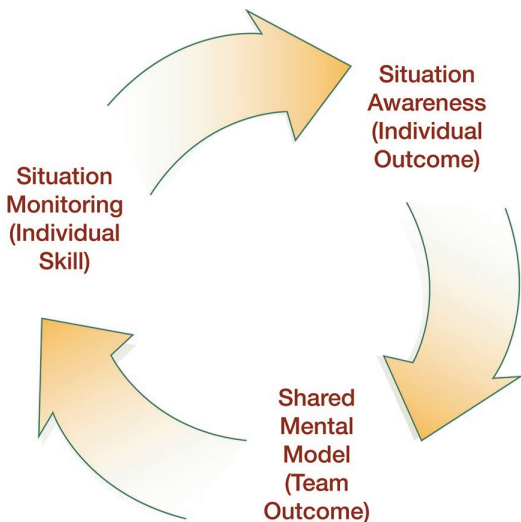
- Was communication clear?
- Were roles and responsibilities understood?
- Was situation awareness maintained?
- Was workload distribution equitable?
- Was task assistance requested or offered?
- Were errors made or avoided?
- Were resources available?
- What went well?
- What should improve?



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## Situation Monitoring

## Situation Monitoring Process



**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.

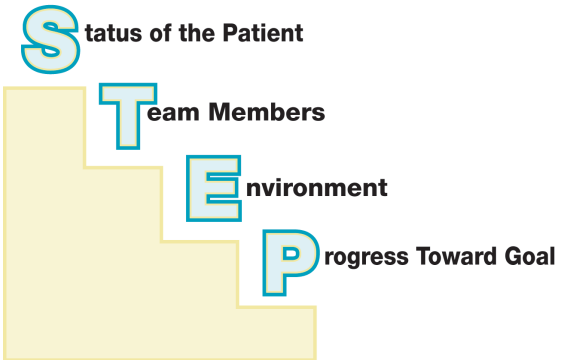
**Situation awareness** is the state of “knowing what’s going on around you.”

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:**



## STEP

Tool to help assess health care situations

### **Status** of 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”

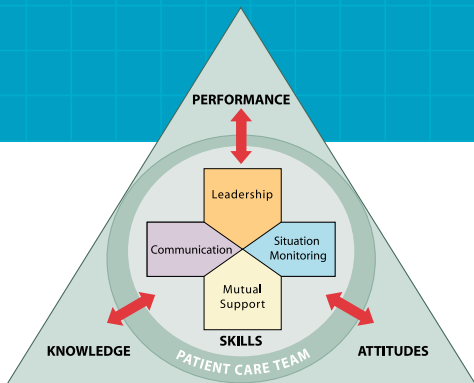
## Situation Monitoring

Each team member is responsible for assessing his or her own safety status

### I'M SAFE Checklist

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





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**Mutual Support**

### 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 decisionmaker

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

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 concern has been heard
- If the safety issue still hasn't been addressed:
  - Take a stronger course of action
  - Utilize supervisor or chain of command

### CUS

Assertive statements:

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

# Mutual Support

## Team Performance Observation Tool

### Team Structure

Assembles team  
Assigns or 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 information that is communicated  
Uses SBAR, call-outs, check-backs, and handoff techniques to communicate effectively with team members

### Leadership

Identifies team goals and vision  
Utilizes resources efficiently to maximize team performance  
Balances workload within the team  
Delegates tasks or assignments, as appropriate  
Conducts briefs, huddles, and debriefs  
Role models teamwork behaviors

### 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

### 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 Followup 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



## Contact Information

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

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

and the Department of Defense Patient Safety Program Web site:

[http://www.health.mil/dodpatientsafety/  
ProductsandServices/TeamSTEPPS](http://www.health.mil/dodpatientsafety/ProductsandServices/TeamSTEPPS)

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