

# Pocket Guide



## TeamSTEPS<sup>®</sup> 3.0

Team Strategies & Tools to Enhance Performance & Patient Safety

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



U.S. Department of Defense

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# TeamSTEPS<sup>®</sup> 3.0

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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, High Reliability

**Sustainability:** Enduring Culture of Safety

**TeamSTEPPS is an evidence-based framework to optimize team performance across the healthcare delivery system.** It requires clearly defined and appropriate team structure and the use of four teachable-learnable skills: Communication, Team Leadership, Situation Monitoring, and Mutual Support. The TeamSTEPPS framework reflects the connections between these four skills and how they contribute to the knowledge, attitudes, and sustained high performance needed to achieve highly reliable, safe, and effective care for every patient.

# Key Skills

## **Communication**

A verbal and nonverbal process by which information can be clearly and accurately exchanged among team members.

## **Team Leadership**

Ability to lead teams to maximize the effectiveness 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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## Communication

Communication involves two or more people continuously sharing information with each other. It involves listening and communicating using verbal and nonverbal messaging.

# 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?

*"Dr. Lu, this is Alex, a nurse from your 5th Street office. I am calling about your patient, Mr. Webb. He reports being in substantial discomfort and that there is not much urine in his catheter bag."*

## BACKGROUND

What is the clinical background or context?

*"Mr. Webb is an 83-year-old patient that has a catheter in place during his recovery from bladder cancer treatment."*

## ASSESSMENT

What do I think the problem is?

*"He also reports a temperature of 100.4 and that the urine in his bag is cloudy and slightly red. I am concerned he may have an infection and that his catheter may be clogged."*

## RECOMMENDATION OR REQUEST

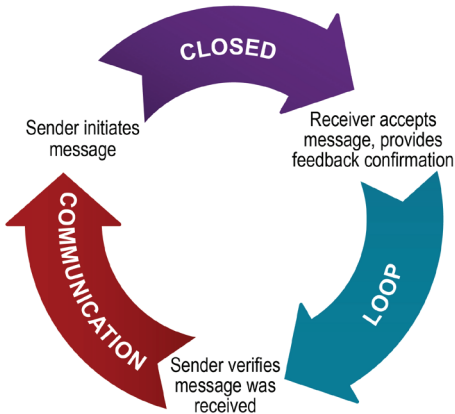
What would I do to correct it?

*"I would like him to come into the office this morning for you to see him. When he arrives, would you like us to get labs, including blood cultures, to check for infection?"*



# Closed-Loop Communication

Using verbal feedback to ensure that messages are correctly understood by recipients using methods including call-outs, check-backs, and teach-backs.



## Call-Out

A strategy used to communicate important or critical information. Call-outs:

- Inform all team members simultaneously during situations
- Help team members anticipate next steps
- Direct responsibility by name to the specific individual responsible for carrying out the task

## Check-Back

A closed-loop communication strategy used to ensure that information conveyed by the sender is correctly understood by the receiver.

### Example:

**Dr. Moss:**

*"Mary, please share the information pamphlet on cholesterol management with Mr. Garcia and arrange for him to come for a followup visit in a month."*

**Mary:**

*"Confirmed. I'll share the information pamphlet on cholesterol management and arrange a followup visit for Mr. Garcia in a month."*

**Dr. Moss:**

*"Correct."*

## Teach-Back

A method to confirm that the sender has explained information clearly and that patients or family members have a clear understanding of what the sender has told them. In a teach-back, the sender asks the patient or family member to explain the information they need to know or actions they need to take, in their own words.

# Handoff

A standardized method for transferring information (along with authority and responsibility) during transitions in patient care.

A proper handoff includes the following:

- Transfer of responsibility and accountability
- Clarity of information
- Verbal communication of information
- Acknowledgment by receiver
- Opportunity to ask questions and review

# I-PASS

The preferred handoff tool for patient transitions in care.

I

## **Illness Severity**

- Stable, watcher, unstable

P

## **Patient Summary**

- Summary statement
- Events leading up to admission or care transition
- Hospital course or treatment plan
- Ongoing assessment
- Contingency plan

A

## **Action List**

- To-do list
- Timelines and ownership

S

## **Situation Awareness & Contingency Planning**

- Know what's going on
- Plan for what might happen

S

## **Synthesis by Receiver**

- Receiver summarizes what was heard
- Asks questions
- Restates key actions/to-do items

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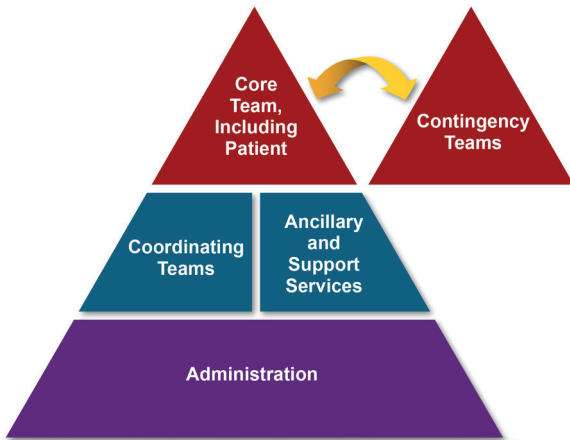


## Team Leadership

Teams are sets of people communicating, coordinating, and collaborating to provide optimal care. Sometimes teams are formally defined and permanent. Other times teams are rapidly created to respond to an emerging need. Patients and family caregivers are always part of the team.

# Multi-Team System for Patient Care

Safe and efficient care involves the coordinated activities of a multi-team system (MTS). A hospital-based MTS is illustrated below.



Multi-team systems in other care settings are often even more complex, with no single core team and multiple leaders coordinating aspects of the patient's health and well-being. Some of these teams may be entirely virtual and include providers from multiple organizations or care systems.

# Effective Team Leadership

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 formative feedback and critique when needed.
- Manage and allocate resources.
- Facilitate information sharing.
- Encourage team members to assist one another.
- Foster a learning and psychologically safe environment.
- Keep conflict healthy through use of tools such as DESC.
- Reinforce patient-centeredness of all team members and actions.
- Model effective teamwork.

# Effective Team Event Tools

## Sharing the Plan

- **Brief**—Short session prior to start to share the plan, discuss team formation, assign roles and responsibilities, establish expectations and climate, and anticipate outcomes and likely contingencies.

## Monitoring and Modifying the Plan

- **Huddle**—Ad hoc meeting to ensure continual progression of care to the goal; to re-establish or affirm situational awareness, reinforce the plan in place, or assess the need to augment or adjust to optimize outcomes.

## Reviewing the Team's Performance

- **Debrief**—A structured, intentional yet informal, quick information exchange session designed to improve team performance and effectiveness through lessons learned and reinforcement of positive behaviors.





## Brief Checklist

- \_\_\_ 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 availability throughout the shift?
- \_\_\_ How is workload shared among team members?
- \_\_\_ What resources are available?  
What matters to you related to the focus of the briefing?



## Debrief Checklist

- \_\_\_ Was communication clear?
- \_\_\_ Were roles and responsibilities understood?
- \_\_\_ Was situation awareness maintained?  
(Did you know the plan?)
- \_\_\_ Was workload distribution equitable?
- \_\_\_ Was task assistance requested or offered?
- \_\_\_ Were errors made or avoided?
- \_\_\_ Were resources available?
- \_\_\_ What went well?
- \_\_\_ What one thing should improve?
- \_\_\_ What is one thing that could be done differently next time?

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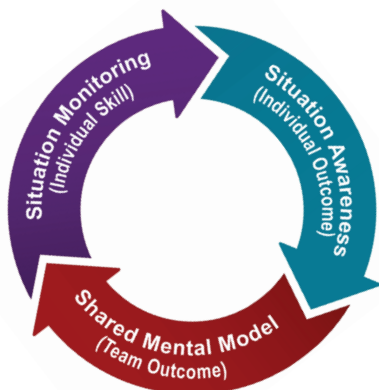
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## Situation Monitoring

Situation monitoring is a three-part process in which the individual skill of situation monitoring fosters situational awareness. Collective situational awareness fosters a shared mental model needed for effective teamwork.

# Situation Monitoring Process



**Situation monitoring** (an individual skill): The process of continually scanning and assessing a situation to gain and maintain an understanding of what's going on around you.

**Situation awareness** (an individual outcome): The state of knowing what's going on around you regarding the patient, other team members, the environment, and progress toward goals.

**Shared mental models** (a team outcome): Results from each team member maintaining situation awareness and communicating to ensure that all team members are "on the same page."

# STEP

A tool to help individuals monitor critical elements of a situation and the overall environment



**Status of the patient:** Patient history, vital signs, medications, physical exam, plan of care, psychosocial issues, patient preferences or concerns

**Team members:** Fatigue, workload, task performance, skill, stress level

**Environment:** Facility information, administrative information, human resources, triage acuity, equipment

**Progress toward the goal:** Status of team's patient(s), established goals of team, tasks/actions of team, plan still appropriate

# I'M SAFE Checklist

I'M SAFE is a simple checklist that can be used to determine the ability of you or your team members to perform safely.



## Cross-Monitoring

A harm error reduction strategy that involves:

- Monitoring actions and stress levels 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”

# STAR

A tool that is used to elicit and share key information about activities and their consequences.

## STAR

Each team member must self-check:

## STOP

Pause to focus on the immediate task.

## THINK

Think methodically and identify correct action.

## ACT

Perform the Act.

## REVIEW

Confirm anticipated result has occurred or apply contingency if required.

***Think before you act!***

***FOCUS.*** Take a moment to reflect on the intended action, the situation, and the expected outcome.

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## Mutual Support

Also called “backup behavior,” mutual support involves team members assisting one another, providing and receiving feedback on performance, and advocating assertively when patient safety is threatened.



## Task Assistance

Helping others with tasks builds a strong, trusting team. Key strategies include:

- Team members foster psychological safety and protect each other from work overload.
- 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**.
- Resilient teams are willing to ask for help and lean into being responsible for facing challenges and finding solutions.
- Assistance is **sought from** and **provided to** patients and family caregivers.

**Team resilience is strengthened by simply asking other team members, “I have 10 minutes. How can I help?”**

# Formative Feedback

Feedback is information provided to team members through verbal or nonverbal communication, either intentionally or unintentionally. **Formative** feedback is shared to improve team performance.

## Formative feedback should be:

- **Appreciative**—expresses gratitude and notes actions that team members do well.
- **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.
- **Patient focused**— addresses impact of team behaviors on the patient's well-being.

# 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 restate the concern.
- The team member being challenged must acknowledge that they heard and understood your concern.
- If the response does not clarify and alleviate concern, rephrase the anticipated danger.
- If the safety issue still hasn't been addressed:
  - Take a stronger course of action.
  - Engage other team members.
  - Use 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

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 the patient and established team goals; strive for consensus

# Team Performance Observation Tool

Communication
Provides brief, clear, specific and timely information to team members
Seeks information from all available sources
Uses check-backs to verify information that is communicated
Uses SBAR, call-outs, and handoff techniques (I-PASS) to communicate effectively with team members
Team Leadership
Assembles team
Assigns or identifies team members' roles and responsibilities
Ensures team members have a shared mental model
Holds team members accountable
Includes patients and families as part of the team
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
Situation Monitoring
Monitors the status 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 plan of care
Uses STAR to prevent skill-based errors
Fosters communication to ensure the patient and other team members have a shared mental model
Mutual Support
Provides task-related support and assistance
Provides timely and constructive feedback to team members
Effectively advocates for patient safety using the Assertive Statement, Two-Challenge Rule, or CUS
Uses the Two-Challenge Rule or DESC to resolve conflict

# Barriers, Tools and Strategies, and Outcomes

BARRIERS	TOOLS and STRATEGIES	OUTCOMES
<ul style="list-style-type: none"> <li>• Inconsistency in Team Membership</li> <li>• Lack of Time</li> <li>• Lack of Information Sharing</li> <li>• Hierarchy</li> <li>• Defensiveness</li> <li>• Conventional Thinking</li> <li>• Complacency</li> <li>• Varying Communication Styles</li> <li>• Conflict</li> <li>• Lack of Coordination and Follow-Up</li> <li>• Distractions</li> <li>• Fatigue and Burnout</li> <li>• Workload</li> <li>• Misinterpretation of Cues</li> <li>• Lack of Role Clarity</li> </ul>	<ul style="list-style-type: none"> <li>• Communication               <ul style="list-style-type: none"> <li>• SBAR</li> <li>• Call-Out</li> <li>• Check-Back</li> <li>• Handoff</li> </ul> </li> <li>• Leading Teams               <ul style="list-style-type: none"> <li>• Brief</li> <li>• Huddle</li> </ul> </li> <li>• Situation Monitoring               <ul style="list-style-type: none"> <li>• STEP</li> <li>• I'M SAFE</li> <li>• Mutual Support</li> </ul> </li> <li>• Task Assistance               <ul style="list-style-type: none"> <li>• Formative Feedback</li> <li>• Advocacy and Assertion</li> </ul> </li> <li>• Teach-Back</li> <li>• Handoff</li> <li>• I-PASS</li> <li>• Debrief</li> <li>• Cross-Monitoring</li> <li>• STAR</li> <li>• Two-Challenge Rule</li> <li>• CUS</li> <li>• DESC</li> </ul>	<ul style="list-style-type: none"> <li>• Shared Mental Model</li> <li>• Adaptability</li> <li>• Team Orientation</li> <li>• Mutual Trust</li> <li>• Reduced Burnout</li> <li>• Psychological Safety</li> <li>• Effective Team Performance</li> <li>• Safe, Highly Reliable, Patient-Centered Care</li> </ul>



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