TeamSTEPPS Tools for Patient Safety-Cheat Sheet

Figure 1. TeamSTEPPS Framework (Agency for Health Care Research and Quality, 2006)

The Five key principles in the TeamSTEPPS model (See Figure 1)–

1. **Team Structure**: Delineates fundamentals such as team size, membership, leadership, composition, identification, and distribution

2. **Leadership**: The 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. (e.g. facilitate team problem solving),

3. **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. (e.g. identify mistakes in other team members). Situation awareness is the state of knowing the conditions that affect one’s work. It is a detailed picture of the situation.

   - Shared mental models are the result of each team member maintaining his or her situation awareness and sharing relevant facts with the entire team.

   - A continuous process is necessary because of the dynamic situations in which teams function. It allows individual team members to maintain their situation awareness and share new and emerging information with other team members to retain a shared mental model.

One way to ensure situation monitoring is occurring is through **cross-monitoring**. Cross-monitoring is used by fellow team members to help maintain situation awareness and prevent errors. Commonly referred to as “watching each other’s back,” it is the action of monitoring the behavior of other team members by providing feedback and keeping track of fellow team members’ behaviors to ensure that procedures are being followed appropriately. It allows team members to self-correct their actions if necessary. Cross-monitoring is not a way to “spy” on other team members; rather, it is a way to provide a safety net or error-prevention mechanism for the team, ensuring that mistakes or oversights are caught early. When all members of the team
trust the intentions of their fellow team members, a strong sense of team orientation and a high degree of psychological safety result.

4. **Mutual Support:** The ability to anticipate and support other team members’ needs through accurate knowledge about their responsibilities and workload ((e.g. information sharing)
   - A type of mutual support is feedback. Feedback should be Timely, Respectful, Specific, Directed towards improvement and Considerate. Feedback is information provided for the purpose of improving team performance.

5. **Communication:** Process by which information is clearly and accurately exchanged among team members. (e.g. let others know message was received)

In the model, the multidirectional arrows represent the interrelationships between team skills and team performance, knowledge, and skills. Team events include the activities of planning, problem solving, and process improvement. Within those activities are a set of three strategies.

**Strategies and Tools**

- **Three strategies** that team leaders can use to promote teamwork are:
  - Briefs
  - Huddles
  - Debriefs

- The **STEP process** is a mnemonic tool that can help you monitor the situation and the overall environment. The STEP process involves ongoing monitoring of the—

  • Status of the patient
  • Team members
  • Environment
  • Progress toward the goal

Example:
  - The respiratory therapist notes that a ventilated patient is showing a marked increase in respiratory rate that might indicate an increased level of pain that cannot be communicated (STATUS).
  - The patient’s nurse is busy helping another patient (TEAM MEMBERS).
  - It is a shift change, and everyone is busy, so you check the medication record and note that the patient is overdue for his morphine (ENVIRONMENT).
  - You notify the oncoming nurse of your concern (PROGRESS).
“I’M SAFE” is a simple checklist that should be used daily (or more frequently) to determine both your co-workers’ and your own ability to perform safely. I’M SAFE stands for—

- **Illness.** Am I feeling so bad that I cannot perform my duties?
- **Medication.** Is the medication I am taking affecting my ability to maintain situation awareness and perform my duties?
- **Stress.** Is there something (such as a life event or situation at work) that is detracting from my ability to focus and perform my duties?
- **Alcohol/Drugs.** Is my use of alcohol or illicit drugs affecting me so that I cannot focus on the performance of my duties?
- **Fatigue.** The effects of fatigue should not be ignored. Team members should alert the team regarding their state of fatigue (e.g., “Watch me a little closer today. I only had 3 hours of sleep last night”).
- **Eating and Elimination.** Has it been 6 hours since I have eaten or used the restroom? Many times we are so focused on ensuring our patient’s basic needs that we forget to take care of our own. Not taking care of our elimination needs affects our ability to concentrate and stresses us physiologically.

It is important to voice your concern by advocating and asserting your statement at least twice if the initial assertion is ignored (thus the name, “Two-Challenge rule”). These two attempts may come from the same person or two different team members. The **first challenge** should be in the form of a question. The **second challenge** should provide some support for your concern. Remember this is about advocating for the patient. The “Two-Challenge” tactic ensures that an expressed concern has been heard, understood, and acknowledged. If you personally are challenged by a team member, it is your responsibility to acknowledge the concerns instead of ignoring the person. Any team member should be empowered to “stop the line” if he or she senses or discovers an essential safety breach. This is an action that should never be taken lightly, but requires immediate cessation of the process to resolve the safety issue.

Using the **CUS technique** provides another framework for conflict resolution, advocacy, and mutual support. Signal words, such as “danger,” “warning,” and “caution” are common in the medical arena. They catch the reader’s attention. “CUS” and several other signal phrases have a similar effect in verbal communication. This stands for I am CONCERNED, I am UNCOMFORTABLE, this is a SAFETY issue.

The **DESC script** can be used to communicate effectively during all types of conflict and is most effective in resolving personal conflict. The DESC script is used in the more challenging scenarios in which behaviors aren’t practiced, hostile or harassing behaviors are ongoing, and safe patient care is suffering.

**DESC** is a mnemonic for—

- **D** = Describe the specific situation
- **E** = Express your concerns about the action
- **S** = Suggest other alternatives
- **C** = Consequences should be stated in terms of impact on established team goals; strive for consensus
**SBAR** provides a standardized framework for members of the health care team to communicate about a patient's condition. SBAR is an easy-to-remember, concrete mechanism that is useful for framing any conversation, often a critical one requiring a clinician's immediate attention and action. SBAR originated in the U.S. Navy submarine community to quickly provide critical information to the captain. It provides members of the team with an easy and focused way to set expectations for what will be communicated and how. Standards of communication are essential for developing teamwork and fostering a culture of patient safety. In phrasing a conversation with another member of the team, consider the following:

- **Situation**—What is happening with the patient?
- **Background**—What is the clinical background?
- **Assessment**—What do I think the problem is?
- **Recommendation**—What would I recommend?

A **call-out** is a tactic used to communicate critical information during an emergent event. Critical information called out in these situations helps the team anticipate and prepare for vital next steps in patient care. It also benefits a recorder when present during a code or emergent event. One important aspect of a call-out is directing the information to a specific individual.

A **check-back** is a closed-loop communication strategy used to verify and validate information exchanged.

**Handoffs** include the transfer of knowledge and information about the degree of uncertainty (or certainty about diagnoses, etc.), response to treatment, recent changes in condition and circumstances, and the plan (including contingencies). In addition, both authority and responsibility are transferred. Lack of clarity about who is responsible for care and for decision-making has often been a major contributor to medical error (as identified in root cause analyses of sentinel events and poor outcomes).

"**I Pass The Baton**" is an option for structured handoffs.

| I  | Introduction—Introduce yourself and your role/job (include patient) |
| P  | Patient—Name, identifiers, age, sex, location |
| A  | Assessment—Presenting chief complaint, vital signs, symptoms, and diagnosis |
| S  | Situation—Current status/circumstances, including code status, level of uncertainty, recent changes, response to treatment |
| S  | Safety Concerns—Critical lab values/reports, socioeconomic factors, allergies, alerts (falls, isolation, etc.) |
| THE | |
| B  | Background—Comorbidities, previous episodes, current medications, family 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/team)? Include patient/family responsibilities |
| N  | Next—What will happen next? Anticipated changes? What is the plan? Are there contingency plans? |