

# TeamSTEPS

## CANADA™

Team Strategies & Tools to Enhance  
Performance & Patient Safety

Pocket Guide



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## Team Performance

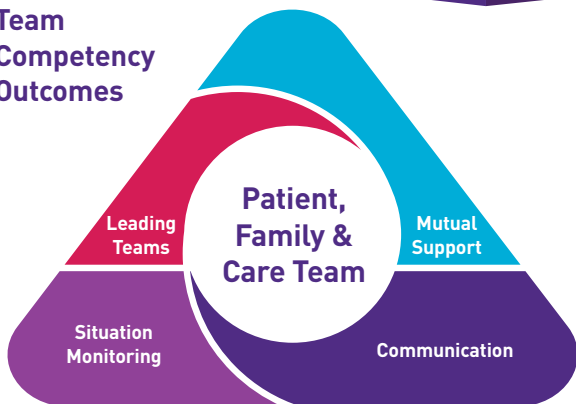
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# Framework and Competencies

## Team Competency Outcomes



TeamSTEPPS is an evidence-based framework to optimize team performance across the health care delivery system. It is based on team structure and four teachable learning skills: Communication, Leading Teams, Situation Monitoring and Mutual Support. Team structure includes everyone on the patient care team: patients, families, direct caregivers and all individuals who play a supportive role.

*Through TeamSTEPPS, the following team competency outcomes can be achieved:*

### **Knowledge**

- Shared Mental Model

### **Attitudes**

- Mutual Trust
- Team Orientation

### **Performance**

- Adaptability
- Accuracy
- Productivity
- Efficiency
- Safety

# 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

## **Leading Teams**

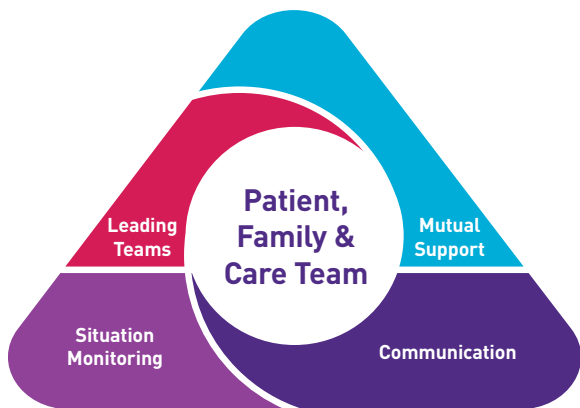
Ability to maximize the activities of team members by ensuring that team actions are understood, changes in information are shared, and team members have the necessary resources

## **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

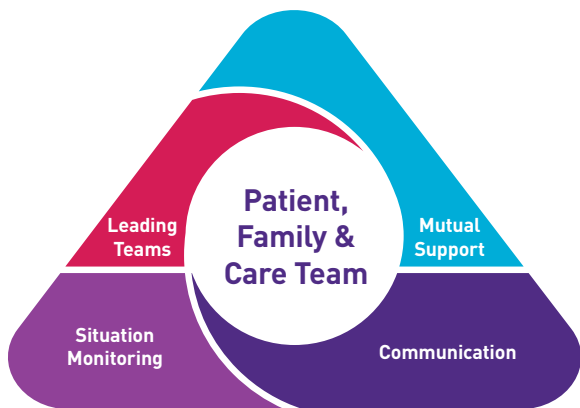


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Team Structure

# Multi-Team System

- Team structure refers to the composition of a team. In healthcare, multiple teams are involved in patient care. This model is known as a multi-team system or MTS.
- Each team within an MTS is responsible for various parts of patient care, but all must act in concert to ensure quality patient care.
- A key component of the MTS is the patient. Patients are part of the patient care team and should be embraced and valued as contributing partners to patient care.
- In addition to the patient, the multi-team system is composed of several different teams.



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Communication



# SBAR

**SBAR** is 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. Smith, this is Barb on 2 West. 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 acknowledgement of pain. Would like to rule out pneumothorax."*

**Recommendation and Request** - What should I do to correct it?

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

# Call-Out and Check-Back

A **call-out** is a strategy used to communicate important or critical information. A call-out:

- Informs all team members simultaneously during situations.
- Helps team members anticipate next steps.
- Directs responsibility to a specific individual assigned to carrying out the task.

A **check-back** ensures that information conveyed by the sender is understood by the receiver as intended.

Example:

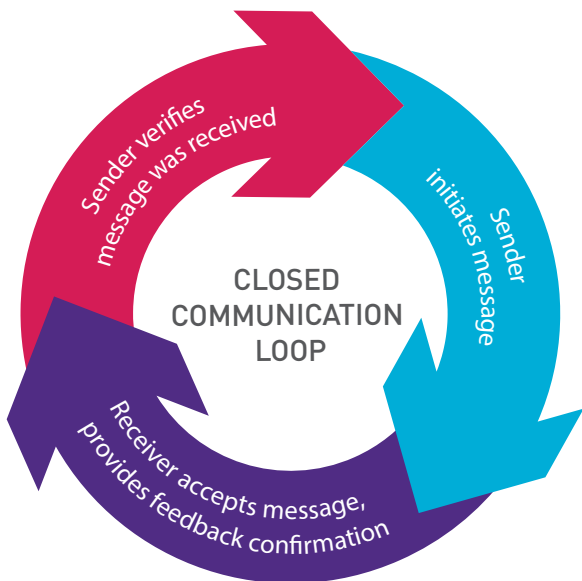
**Dr. Smith:** *“Barb, give me 25 mg Benadryl IV push.”*

**Barb:** *“25 mg Benadryl IV push”*

**Dr. Smith:** *“That’s correct.”*

# Closed-Loop Communication

Using **call-outs** and **check-backs** can help you in the vital process of **closed-loop communication**.



Use closed loop communication in every clinical and non-clinical setting.

# Handover

Handover is 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, allied health practitioners, physician assistants, and physicians; and patient transfers.

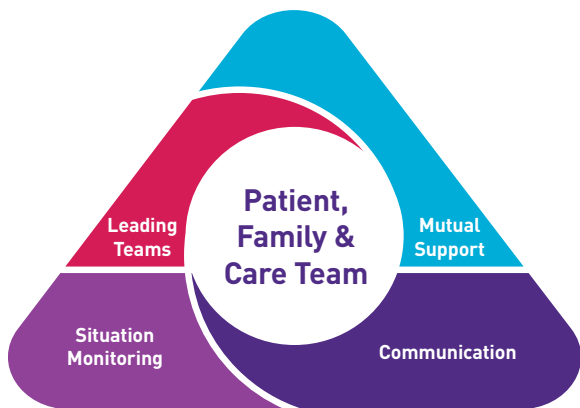
# Handover

One useful handover tool is **“I PASS THE BATON.”** It enhances information exchange during transitions of care.

<b>I</b>	<b>Introduction</b>	Introduce yourself and your role/job (include patient)
<b>P</b>	<b>Patient</b>	Name, identifiers, age, 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.)

## THE

<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, 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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Leading Teams

# 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

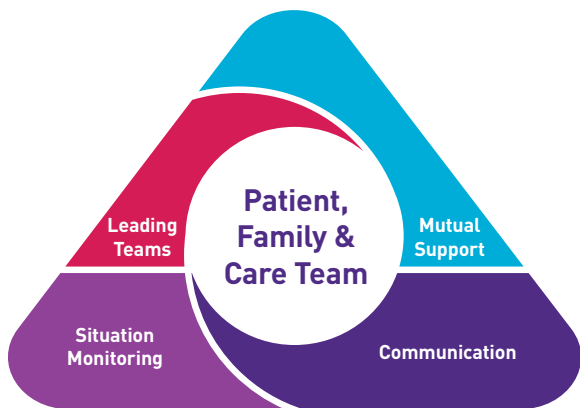
During the brief, the team should address the following questions:

- 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 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:

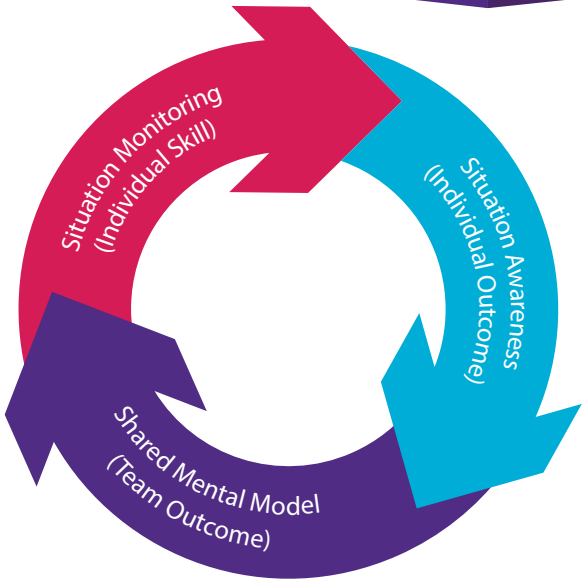
- Was communication clear?
- Were roles and responsibilities understood?
- Was situation awareness maintained?
- Was workload distribution equitable?
- Was task assistance requested or offered?
- Were errors made or avoided?
- Were resources available?
- What went well?
- What should improve?
- What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



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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

STEP is a tool for monitoring situations in the delivery of healthcare.

## Components of Situation Monitoring:

**S**tatus of the Patient

**T**eam Members

**E**nvironment

**P**rogress Toward Goal

### 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

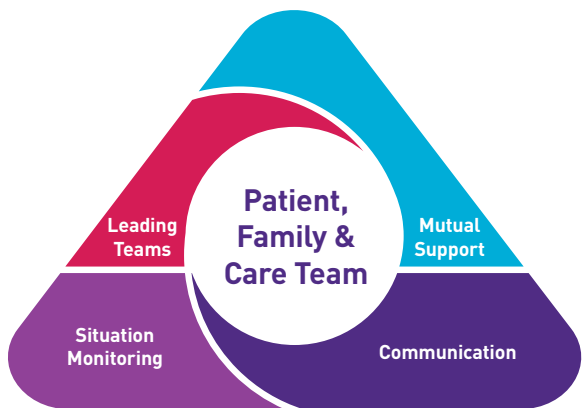
Cross-monitoring is a harm-reduction strategy that involves:

- 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”.

# I'M SAFE Checklist

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

- 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

Feedback is information provided to team members for the purpose of improving team performance.

Feedback should be:

- **Timely** – given soon after the target behaviour has occurred
- **Respectful** – focuses on behaviors, not personal attributes
- **Specific** – relates to a specific task or behaviour 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 when team members' viewpoints don't coincide with that of the decision maker.

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

A 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, or
- Utilize supervisor or chain of command.



*“Stop the Line”*

Assertive Statements:

I am **C** ONCERNED!

I am **U** NCOMFORTABLE!

This is a **S** AFETY ISSUE!



*“Stop the Line”*



Describe the specific situation or behaviour; provide concrete data

---



Express how the situation makes you feel/what your concerns are

---



Suggest other alternatives and seek agreement

---



Consequences should be stated in terms of impact on established team goals; strive for consensus

# Team Performance Observation Tool

## A Successful Team:

### Team Structure

- Assemble team
- Assign or identify team members' roles and responsibilities
- Hold team members accountable
- Include patients and families as part of the team

### Communication

- Provide brief, clear, specific, and timely information
- Seek information from all available sources
- Use SBAR, call-outs, check-backs, and handover techniques to communicate effectively with team members

### Leading Teams

- Identify team goals and vision
- Utilize resources efficiently to maximize team performance
- Balance workload within the team
- Delegate tasks or assignments, as appropriate
- Conduct briefs, huddles, and debriefs
- Role models teamwork behaviors

## Situation Monitoring

- Monitor the state of the patient
- Monitor fellow team members to ensure safety and prevent errors
- Monitor the environment for safety and availability of resources (e.g., equipment)
- Monitor progress toward the goal and identifies changes that could alter the care plan
- Foster communication to ensure a shared mental model

## Mutual Support

- Provide task-related support and assistance
- Provide timely and constructive feedback to team members
- Effectively advocate for the patient
- Use the Assertive Statement, Two-Challenge Rule, or DESC Script to resolve conflict



# Barriers, Tools and Strategies, Outcomes

## 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 Follow-up With Coworkers
- Distractions
- Fatigue
- Workload
- Misinterpretation of Cues
- Lack of Role Clarity

## Tools and Strategies

### Communication

- SBAR
- Call-Out
- Check-Back
- Handover

### 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

For more information about TeamSTEPPS Canada™, visit [patientsafetyinstitute.ca](http://patientsafetyinstitute.ca)

Adapted from the Department of Defense Patient Safety Program in collaboration with the Agency for Healthcare Research and Quality

TeamSTEPPS Canada™ 2.1 Pocket Guide



