

# Crisis Response Training **TeamSTEPPS® for Effective Team Communications**



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**Chief Wellness Officer  
Office of Quality & Safety**

**Welcome ....  
We will be  
starting shortly.**

**September 2, 2020**

This session will start at **1:00pm.**

For audio connection

Dial: **844-621-3956**

Audio Passcode: **172 936 0207**

# **TeamSTEPPS® – a Tool for Effective Team Communications**

**Presented by**



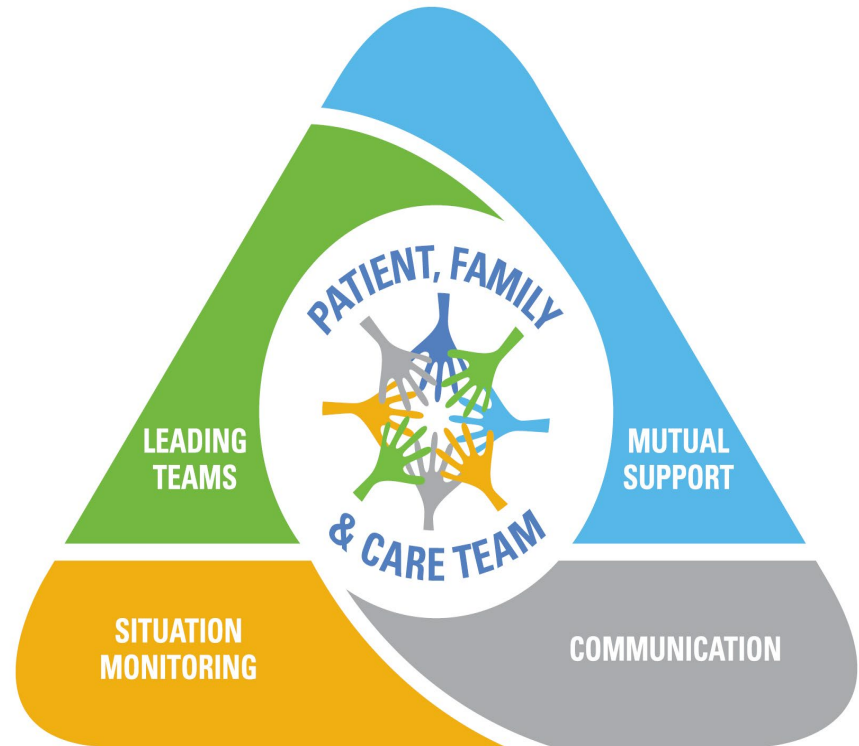
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# TeamSTEPPS® – a Tool for Effective Team Communications



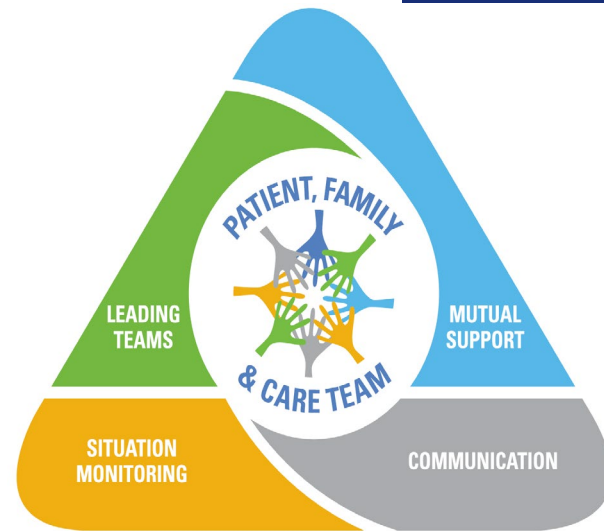
# Overview of TeamSTEPPS®

01

Promotes coordination within teams to provide services & care in both clinical and non-clinical situations

02

Empowers everyone to have a voice & provides methods for speaking up



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# TeamSTEPPS<sup>®</sup> History

**Created by  
the  
Department  
of Defense  
in 2006**



**Adopted by  
NYC Health  
+ Hospitals  
in 2008**



**66% of all  
reported errors\***

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**Base on ineffective  
communication**



TeamSTEPPS<sup>®</sup> reduces the impact of communication errors created by

Language  
barriers



TeamSTEPPS<sup>®</sup> reduces the impact of communication errors created by

Language  
barriers

Distractions





TeamSTEPPS<sup>®</sup> reduces the impact of communication errors created by

Language  
barriers

Lack of  
information  
verification

Distractions



TeamSTEPPS<sup>®</sup> reduces the impact of communication errors created by



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# TeamSTEPPS<sup>®</sup> as a Strategy for Effective Communication



Clear





# TeamSTEPPS<sup>®</sup> as a Strategy for Effective Communication



Clear



Brief



# TeamSTEPPS<sup>®</sup> as a Strategy for Effective Communication



Clear



Brief



Timely



# TeamSTEPPS<sup>®</sup> as a Strategy for Effective Communication



Clear



Brief



Timely



Complete



# Clinical


---

Diagnostic Accuracy 

Patient Adherence 






Patient Satisfaction 

Patient Safety 

Team Satisfaction 



## Clinical

- Diagnostic Accuracy 
- Patient Adherence 
- Patient Satisfaction 
- Patient Safety 
- Team Satisfaction 



## Non-Clinical

-  Patient Advocacy
-  Managing healthcare operations
-  Interdisciplinary team satisfaction



# Core TeamSTEPPS® Communication Strategies

## 01 Briefs

- Sharing the Plan



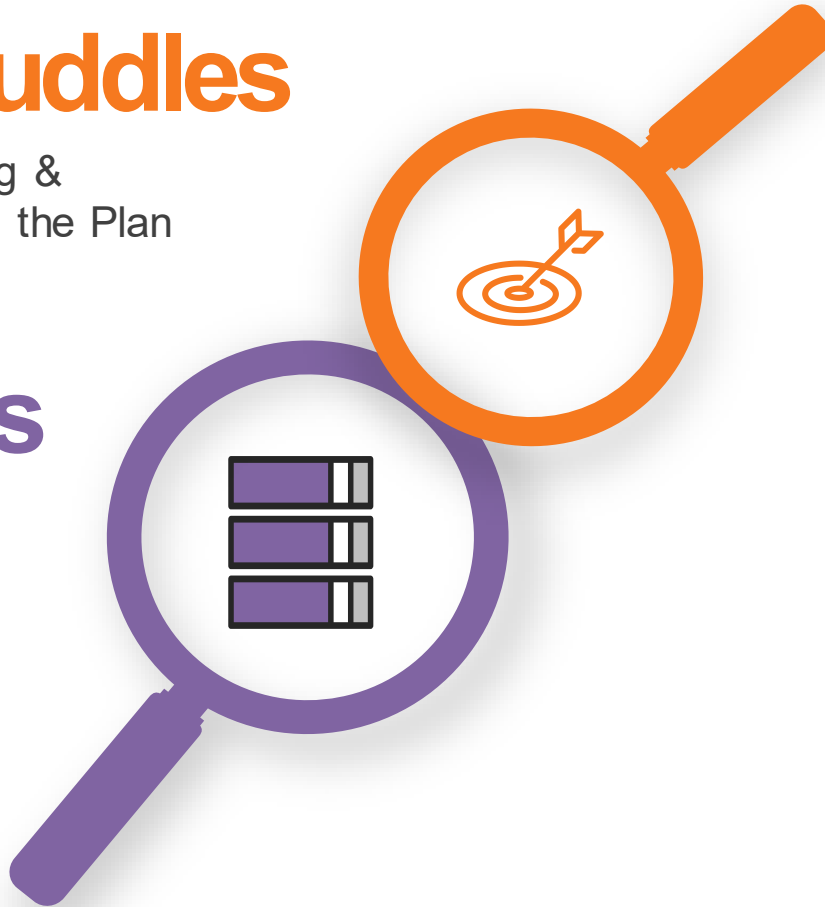
# Core TeamSTEPPS® Communication Strategies

## 02 Huddles

- Monitoring & Modifying the Plan

## 01 Briefs

- Sharing the Plan



# Core TeamSTEPPS® Communication Strategies

## 02 Huddles

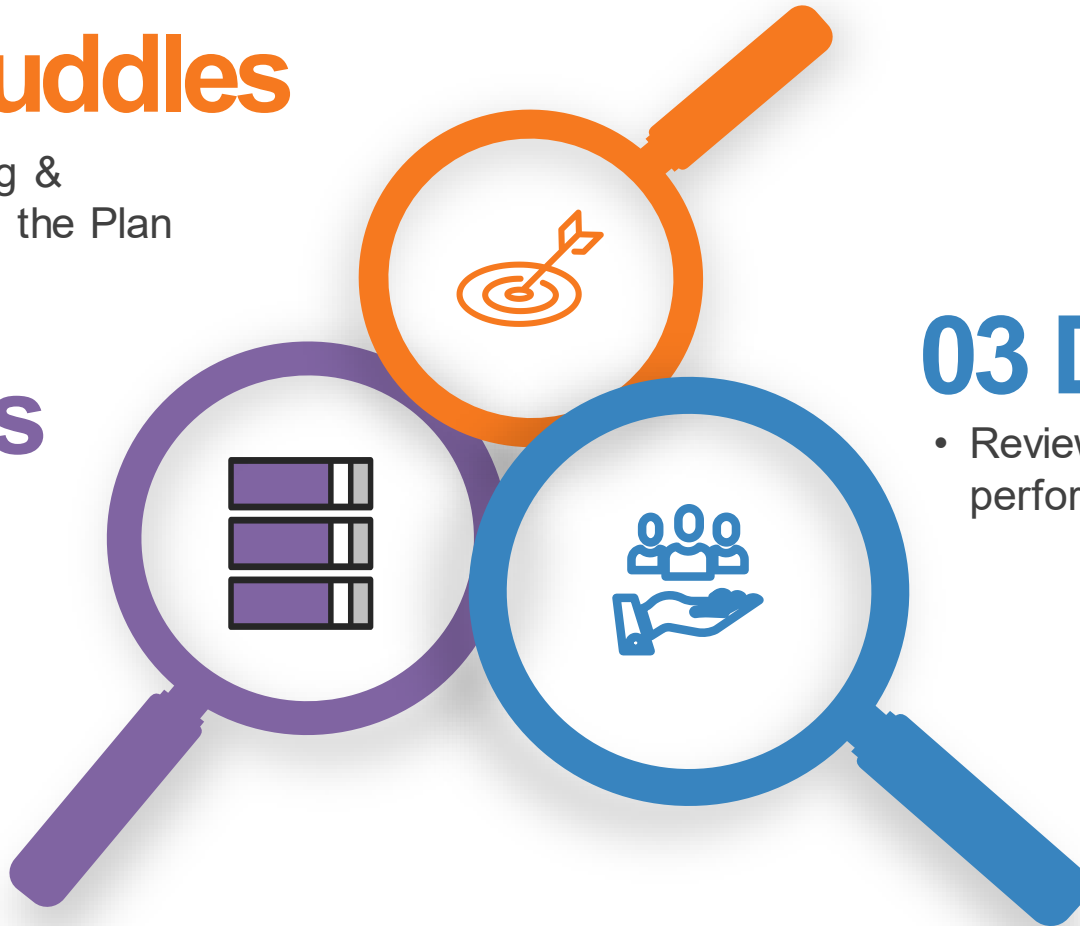
- Monitoring & Modifying the Plan

## 01 Briefs

- Sharing the Plan

## 03 Debriefs

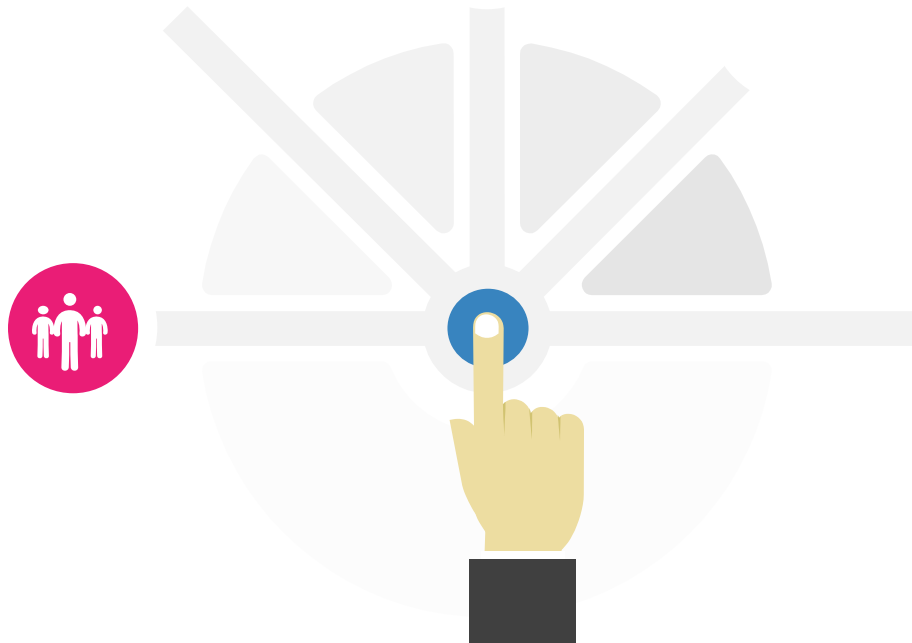
- Reviewing team performance





# Sharing the Plan: The Brief

Forms the  
Team

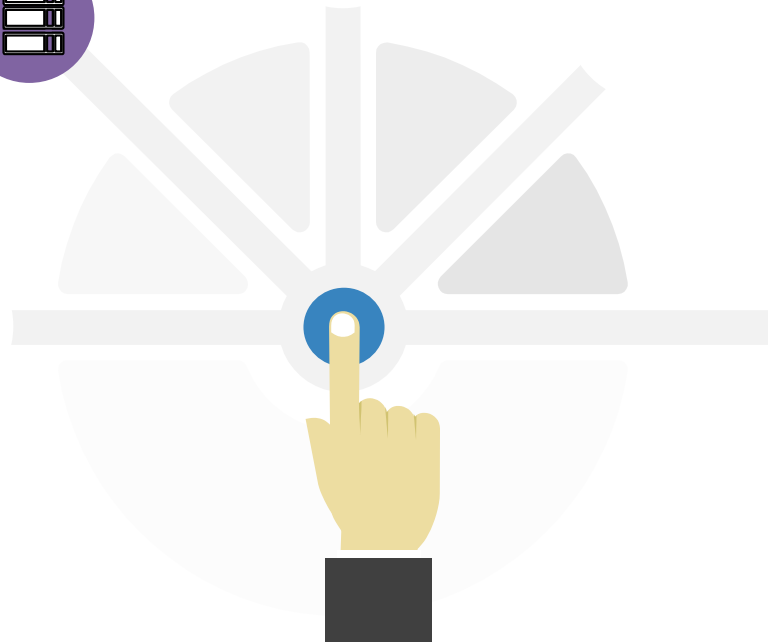


# Sharing the Plan: The Brief

Designates  
Team Roles &  
Responsibilities



Forms the  
Team

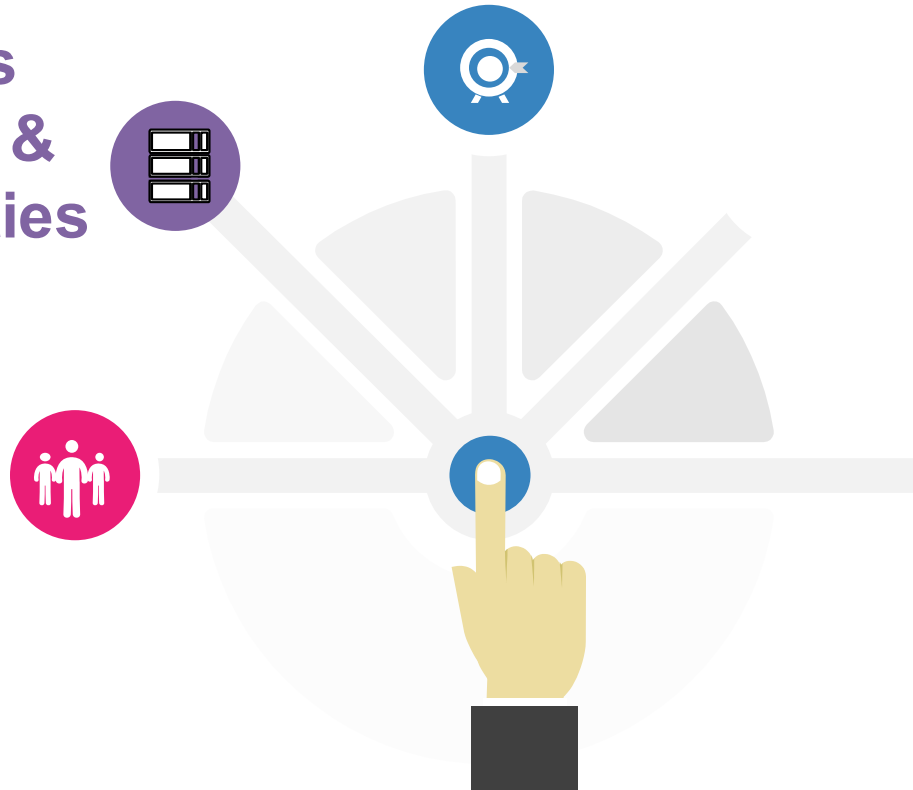


# Sharing the Plan: The Brief

Establish  
Climate and  
Goals

Designates  
Team Roles &  
Responsibilities

Forms the  
Team



# Sharing the Plan: The Brief

Establish  
Climate and  
Goals

Designates  
Team Roles &  
Responsibilities

Engage Team in  
Short & Long  
Term Planning

Forms the  
Team



# Sharing the Plan: The Brief

Establish  
Climate and  
Goals

Designates  
Team Roles &  
Responsibilities

Engage Team in  
Short & Long  
Term Planning

Forms the  
Team

Anticipate  
Outcomes &  
Likely  
Contingencies





# A Post-Acute Brief



In this video, what do you observe?





## Brief Checklist

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



# Monitor & Modify the Plan: Huddle



## Problem-Solving

- Hold ad hoc, “touch base” meetings to regain situation awareness
- Discuss critical issues and emerging events
- Assign resources
- Express any concerns





# A Post-Acute Huddle



In this video, what do you observe?





## **Process Improvement**

- Brief, informal informational exchange and feedback session
- Occurs after an event, project or shift
- Designed to improve outcomes and teamwork skills
- Revise plan to incorporate lessons learned

## Debrief Checklist



- 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?



# Information Exchange Strategies



**SBAR**



**HAND OFFS**



**CUS**



**CALL OUTS**



**CHECK BACKS**



**2 CHALLENGE  
RULE**



S

Situation: What is going on?

B

A

R



**S**

Situation: What is going on?

**B**

Background: What is the background or context?

**A**

**R**



**S**

**Situation:** What is going on?

**B**

**Background:** What is the background or context?

**A**

**Assessment:** What do you think the problem is?

**R**



**S**

**Situation:** What is going on?

**B**

**Background:** What is the background or context?

**A**

**Assessment:** What do you think the problem is?

**R**

**Recommendations:** What would I do to correct it?





# SBAR: Pharmacist & Physician



In this video, what do you observe?



# Call-Out is...

A strategy used to communicate important or critical information

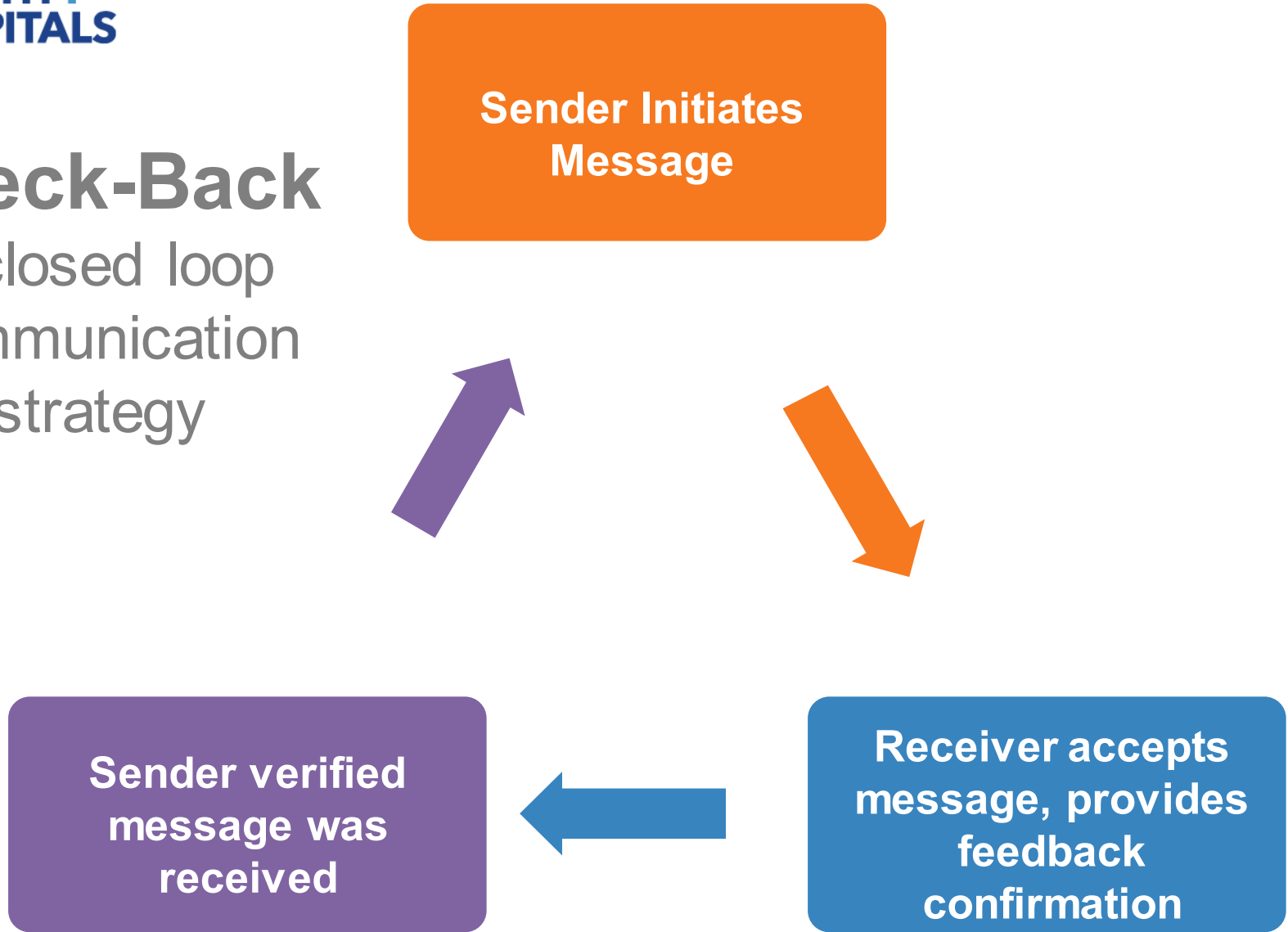
## Examples:

If the patient's blood pressure starts to drop, a team member will tell the team by saying that it is dropping and mentioning the new value.



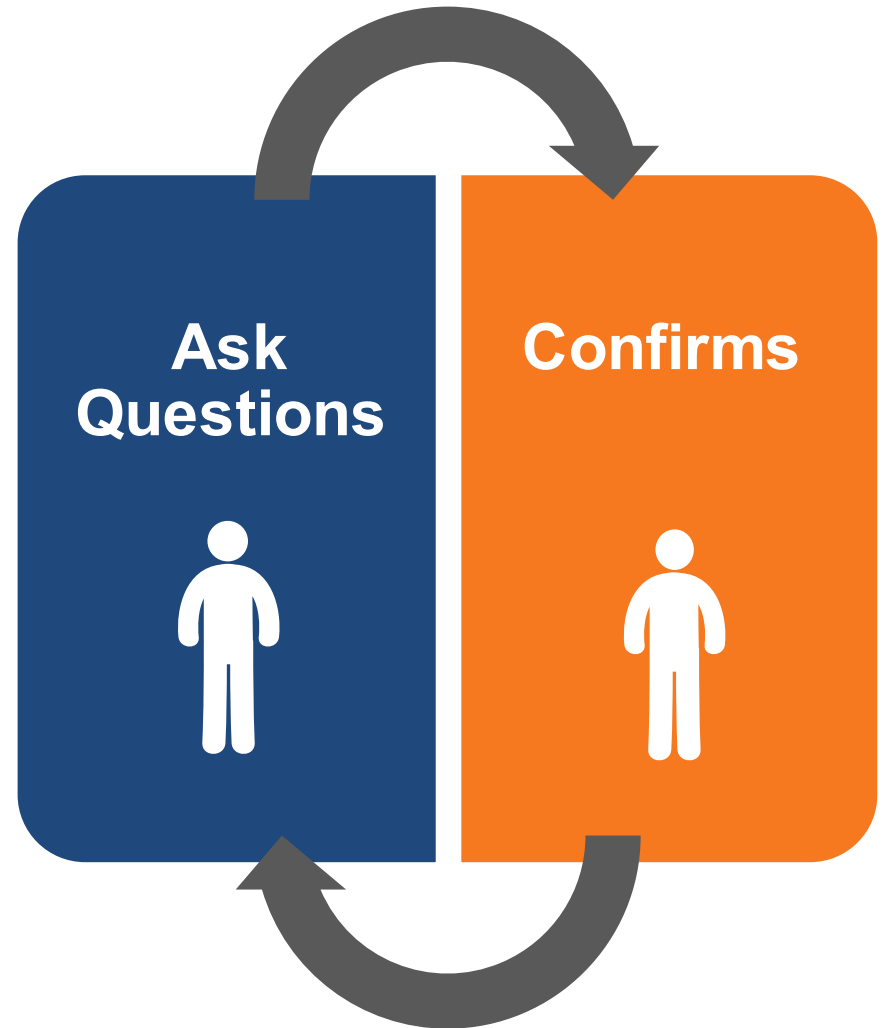
# Check-Back

a closed loop  
communication  
strategy



# Handoff is... the Transfer of Responsibility & Accountability

- Responsibility
- Accountability
- Uncertainty
- Communicate verbally
- Acknowledged
- Opportunity





# Handoff: Post-Op Nurse to Unit Head Nurse



In this video, what do you observe?



# Structuring a Clinical Handoff using I Pass the Baton

<b>I</b> ntroduction	Introduce yourself and your role/job to the patient
<b>P</b> atient	Confirm Name, identifiers, age, sex, location
<b>A</b> ssessment	Listen and document vital signs, symptoms, and diagnosis
<b>S</b> ituation	Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment
<b>S</b> afety <b>C</b> oncerns	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
<b>THE</b>	
<b>B</b> ackground	Co-morbidities, previous episodes, current medications, and family history
<b>A</b> ctions	What actions were taken or are required? Provide brief rationale
<b>T</b> iming	Level of urgency and explicit timing and prioritization of actions
<b>O</b> wnership	Who is responsible (person/team) including patient/family?
<b>N</b> ext	What will happen next? Anticipated changes? What is the plan? Contingency plans?



# Non-Clinical Handoff – I Pass the Baton



## Example:

Software technology  
change from one  
VPN to another



# Concerning Patient or Employee Safety:

Using **CUS** Information Strategy

I am **C**oncerned

I am **U**ncomfortable

This is a **S**afety issue

***“Stop the Line”***







# CUS: Physician & Interpreter



In this video, what do you observe?



# Concerning Patient or Employee Safety: Two Challenge Rule



- ✓ Used when a safety issue is ignored
- ✓ Responsible to state your concern at least two times
  - Take stronger course of action if outcome is not acceptable
  - Use chain of command to resolve if necessary

## Core Communication Strategies

- Briefs
- Huddles
- Debriefs



# TeamSTEPPS<sup>®</sup> Review

## Core Communication Strategies

- Briefs
- Huddles
- Debriefs

## Information Exchange Strategies

- SBAR
- Hand Offs
- CUS
- Call-outs
- Check Back
- Two Challenge Rule
- I Pass the Baton

# Available Help

## Anonymous Support Hotlines for All NYC H + H Employees



### COVID 19 SYSTEMWIDE SUPPORT HOTLINE

**646-815-4150**

*Monday – Friday, 9:00am – 12:00am*

*\*Hours may be extended upon demand*



<https://www1.nyc.gov/site/olr/eap/eaphome.page>

Make an appointment by phone or email

250 Broadway, 28th Floor, New York, NY 10007 (212)

306-7660

[eap@olr.nyc.gov](mailto:eap@olr.nyc.gov)



<https://nycwell.cityofnewyork.us/en/>

Free anonymous service for NYC residents Available  
24/7/365

Call or Text anytime.

English: 1-888-NYC-WELL (1-888-692-9355), Press 2

Call 711 (Relay Service for Deaf/Hard of Hearing)

Español: 1-888-692-9355, Press 3

Text WELL to 65173

**For more information on TeamSTEPPS®**

<https://www.ahrq.gov/teamstepps/index.html>

**TeamSTEPPS®: Brief (Long-Term Care)**

<https://www.ahrq.gov/teamstepps/longtermcare/index.html>

**TeamSTEPPS®: Huddle (Long-Term Care)**

<https://www.ahrq.gov/teamstepps/longtermcare/index.html>

**LEP Safety video**

<https://www.ahrq.gov/teamstepps/lep/videos/cuswords/index.html>

**SBAR: Effective communication**

[TheTorontoRehab](#)

**Inpatient Surgical: Handoff**

[https://www.ahrq.gov/teamstepps/instructor/videos/ts\\_ISHandoff/INPTSURG-768.html](https://www.ahrq.gov/teamstepps/instructor/videos/ts_ISHandoff/INPTSURG-768.html)



# Resources From NYC Health + Hospitals

Please visit our COVID-19 Guidance and Resources page at: <http://hhcinsider.nychhc.org/sites/COVID-19/Pages/Index.aspx>

To request emotional or psychological support, go to: <http://hhcinsider.nychhc.org/sites/COVID-19/Pages/COVID-19.aspx>

For more resources, please visit Employee Resource Center at: <http://hhcinsider.nychhc.org/corpoftices/erc/Pages/Index.aspx>



# Next Presentation Schedule is found on Intranet at Covid-19 Guidance and Resources

Home
Clinical Guidance
PPE Guidance
Employee Resources
Training Resources
For Patients & Community
Emotional Staff Support Resources
Crisis Response Just-in-Time Training and Schedules
Frequently Asked Questions
Ventilator Resources
Messages of Hope



**CLICK HERE TO REQUEST  
EMOTIONAL OR  
PSYCHOLOGICAL SUPPORT**



**CLICK HERE TO ACCESS  
CRISIS RESPONSE  
JUST-IN-TIME TRAINING  
AND TRAINING SCHEDULES**



**PERSONAL PROTECTIVE  
EQUIPMENT HOTLINE**



FOR ALL NYC HEALTH + HOSPITALS EMPLOYEES.

[Click here to go to the topic schedule](#)





Questions or concerns, please contact us:

Thank  
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