

## Embracing Interprofessional Teamwork in the Long-Term Care Setting to Improve Patient Safety

Team Strategies & Tools to Enhance Performance & Patient Safety

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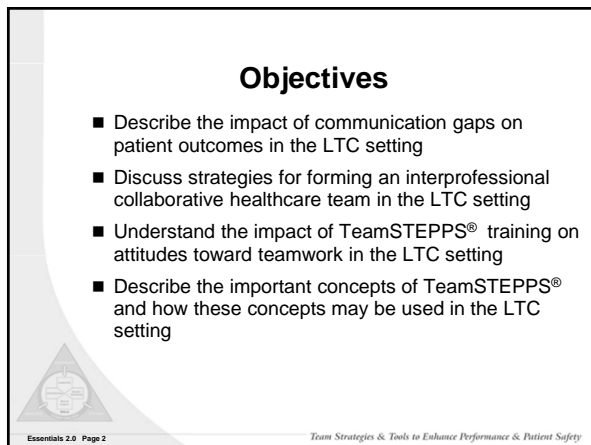
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### Objectives

- Describe the impact of communication gaps on patient outcomes in the LTC setting
- Discuss strategies for forming an interprofessional collaborative healthcare team in the LTC setting
- Understand the impact of TeamSTEPPS® training on attitudes toward teamwork in the LTC setting
- Describe the important concepts of TeamSTEPPS® and how these concepts may be used in the LTC setting

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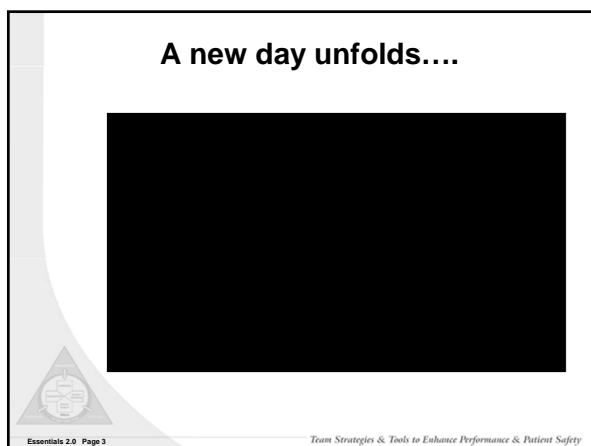
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### A new day unfolds....

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## TeamSTEPPS

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

- Based on more than 30 years of research and evidence
- Team training programs have been shown to improve attitudes, increase knowledge, and improve behavioral skills
- Salas, et al. (2008) meta-analysis
  - Team training had a moderate, positive effect on team outcomes ( $p = .38$ )
- Coburn (2011) review article
  - Team training increases communications and reduces errors
- Kim (2014) review article
  - TeamSTEPPS training increases communication, reduces:
    - LOS in hospital and ICUs, medication and transfusion errors, needle stick injuries, nosocomial infections, fall rates
- Motyka et al (2018)
  - Interprofessional students exposed to TeamSTEPPS® training resulted in significant attitude changes toward team competencies following simulation



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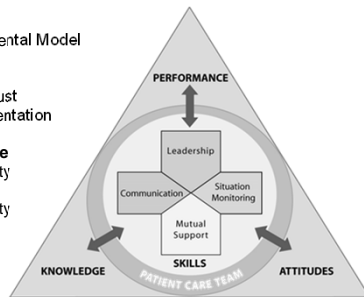
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## Outcomes of Team Competencies

- **Knowledge**
  - Shared Mental Model
- **Attitudes**
  - Mutual Trust
  - Team Orientation
- **Performance**
  - Adaptability
  - Accuracy
  - Productivity
  - Efficiency
  - Safety



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## Key Principles

Team Structure

Communication

Leadership

Situation Monitoring

Mutual Support



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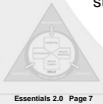
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## Barriers to Team Performance

- Inconsistency in team membership
- Lack of time
- Lack of information sharing
- Hierarchy
- Defensiveness
- Conventional thinking
- Varying communication styles
- Conflict
- Lack of coordination and followup
- Distractions
- Fatigue
- Workload
- Misinterpretation of cues
- Lack of role clarity



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## High-Performing Teams

### Teams that perform well:

- Hold shared mental models
- Have clear roles and responsibilities
- Have clear, valued, and shared vision
- Optimize resources
- Have strong team leadership
- Engage in a regular discipline of feedback
- Develop a strong sense of collective trust and confidence
- Create mechanisms to cooperate and coordinate
- Manage and optimize performance outcomes

(Salas, et al., 2004)



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## Applying TeamSTEPPS Exercise

Please think about the following. Turn to the person next to you and take a minute each to discuss the following:

- What is the resident safety issue your facility is facing that is linked to a problem with teamwork?



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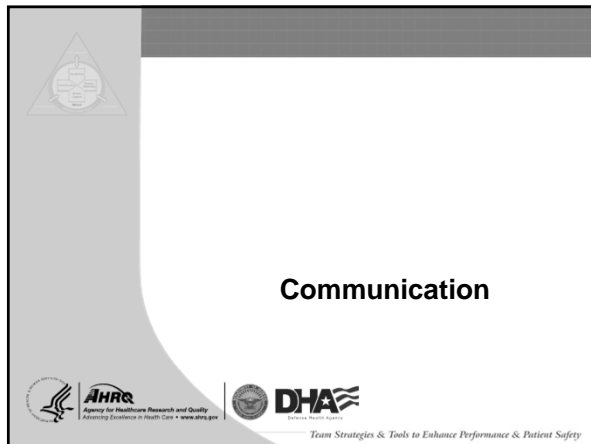
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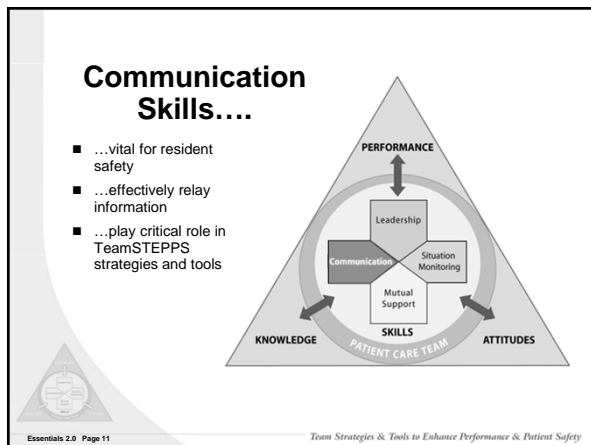
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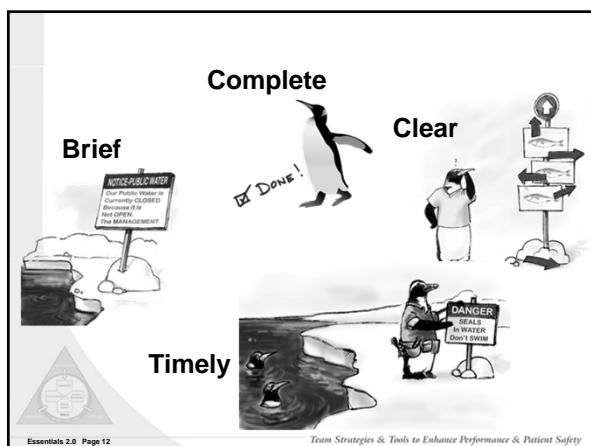
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## Communication Challenges

- Language barrier
- Distractions
- Physical proximity
- Personalities
- Workload
- Varying communication styles
- Conflict
- Lack of information verification
- Shift change



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## Information Exchange Strategies

- Situation – Background – Assessment – Recommendation (SBAR)
- Call-Out
- Check-Back
- Handoffs



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## SBAR

A technique for communicating critical information that requires immediate attention and action concerning a resident's condition

**Situation** — What is going on with the resident?  
*"I am calling about Mrs. Mary Smith, 88 years old, who has had a change in condition. She has a new onset of confusion, has developed a cough, ate very little today, and has been refusing all extra fluids."*

**Background** — What is the clinical background or context?  
*"Mrs. Smith has type 2 diabetes, arthritis, osteoporosis, cataracts, stress incontinence, and mild cognitive impairment."*

**Assessment** — What do I think the problem is?  
*"She is lethargic but responsive to simple verbal commands. She has a dry cough and on auscultation of her lungs has some rhonchi in the right base. Her urine looked cloudy."*

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

*"I am wondering if she is starting with a UTI or a respiratory infection. I think she is stable to stay here but should we get a urine sample, chest x ray, or any lab work?"*



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## SBAR



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## 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"



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## Check-Back is...

Sender initiates message


**COMMUNICATION**

Receiver accepts message, provides feedback confirmation

**CLOSED**

Sender verifies message was received

**LOOP**



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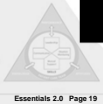
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## Check Back



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## Handoff is...

- The transfer of information during transitions in care across the continuum
- Includes an opportunity to ask questions, clarify, and confirm



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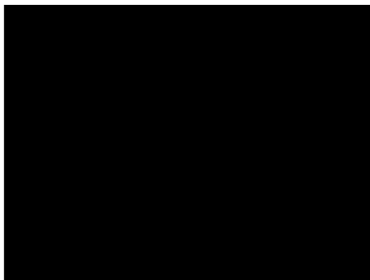
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## Hand Off



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### “I PASS THE BATON”

Introduction:	Introduce yourself and your role/job (include resident)
Patient/Resident:	Identifiers, age, sex, location
Assessment:	Present chief complaint, vital signs, symptoms, and diagnosis
Situation:	Current status/circumstances, including code status, level of uncertainty, recent changes, and response to treatment
Safety:	Critical lab values/reports, socioeconomic factors, allergies, and alerts (falls, isolation, etc.)
<b>THE</b>	
Background:	Comorbidities, previous episodes, current medications, and family history
Actions:	What actions were taken or are required? Provide brief rationale
Timing:	Level of urgency and explicit timing and prioritization of actions
Ownership:	Who is responsible (nurse/doctor/team)? Include resident/family responsibilities
Next:	What will happen next? Anticipated changes? What is the plan? Are there contingency plans?

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### I PASS the BATON



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### Situation Monitoring



TeamSTEPPS 2.0 for Long-Term Care

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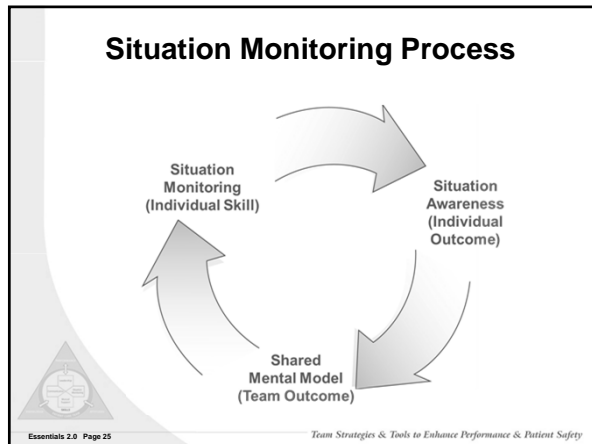
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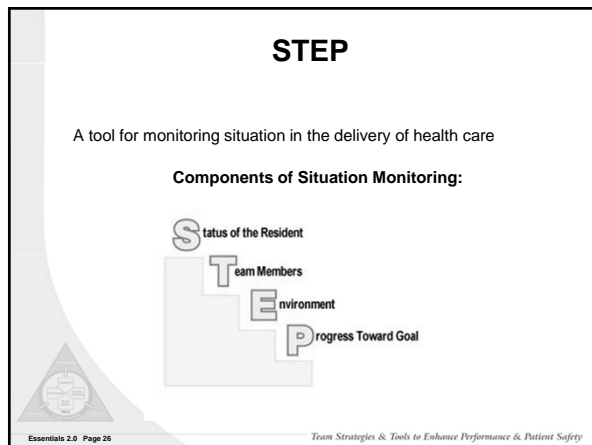
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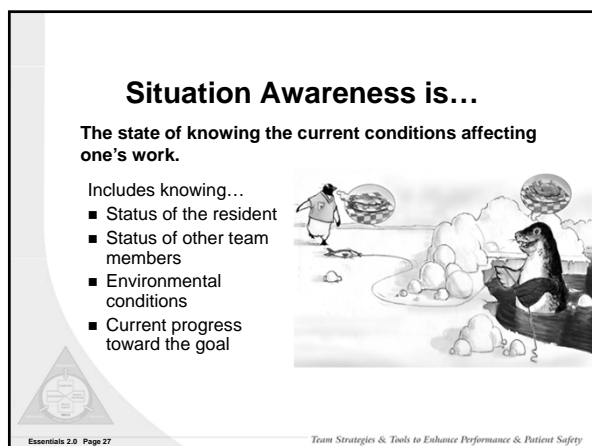
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## Conditions That Undermine Situation Awareness

### Failure to—

- Share information with the team
- Request information from others
- Direct information to specific team members
- Include resident or family in communication
- Utilize resources fully (e.g., status board, automation)
- Maintain documentation
- Know and understand where to focus attention
- Know and understand the plan
- Inform team members the plan has changed



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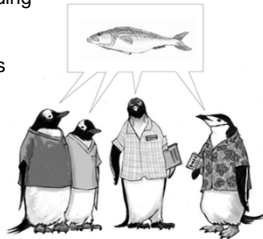
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## A Shared Mental Model is...

The perception of, understanding of, or knowledge about a situation or process that is shared among team members through communication



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## Shared Mental Model?



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## Team Events

### Sharing the Plan

- Brief – Short session prior to work start to share the plan...

### Monitoring and Modifying the Plan

- Huddle – “Touch base” meeting conducted as needed

### Reviewing the Team's Performance

- Debrief – Informal information exchange session



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## When and How to Share?

### When:

- Briefs
- Huddles
- Debriefs
- Transitions in Care

### How:

- SBAR
- Call-outs
- Check-backs



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## Mutual Support



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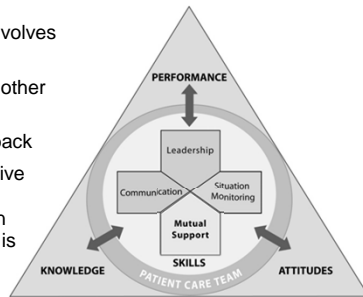
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## Mutual Support

- Mutual support involves members:

- Assisting each other
- Providing and receiving feedback
- Exerting assertive and advocacy behaviors when resident safety is threatened



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## 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 direction for future improvement
- Considerate – considers a team member's feelings and delivers negative information with fairness and respect

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## Advocacy and Assertion

- Advocate for the resident:
  - Used when team members' viewpoints don't agree with that of a decisionmaker
- Assert a corrective action in a *firm and respectful* manner



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## The Assertive Statement

- Respectful and supportive of authority
- Clearly asserts concerns and suggestions
- Is nonthreatening and ensures that critical information is addressed
- Five-Step Process:
  1. Open the discussion
  2. State the concern
  3. State the problem—real or perceived
  4. Offer a solution
  5. Obtain an agreement



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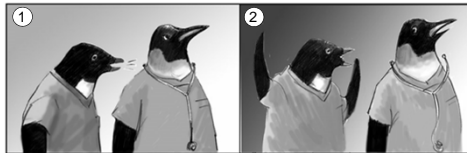
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## Two-Challenge Rule



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## Please Use CUS Words but *only* when appropriate!



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### CUS Words



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### Conflict in Teams




Informational Conflict  
(We have different information!)



Interpersonal Conflict  
(Hostile and harassing behavior)

Two-Challenge Rule

DESC Script



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### Conflict Resolution DESC Script

**A constructive approach for  
managing and resolving conflict**

- D**—Describe the specific situation
- E**—Express your concerns about the action
- S**—Suggest other alternatives
- C**—Consequences should be stated



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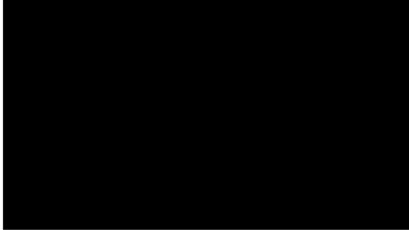
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## CUS and Situational Awareness



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## Leadership



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DHA  
Department of Health & Human Services

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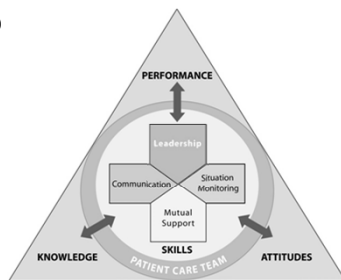
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## Leadership

- Designated
- Situational



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### 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?

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### Leadership Briefing



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### Team Performance Observation Tool for Long-Term Care

**Team Structure**  
Assembles a team  
Assigns or identifies team members' roles and responsibilities  
Holds team members accountable  
Includes residents and families as part of the team

**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  
Holds team members accountable  
Uses SBAR, call-outs, and handoff techniques to communicate effectively with team members

**Leadership**  
Identifies team goals and vision  
Uses 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 status of the resident  
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  
Fosters communication to ensure that 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 resident safety using the Assertive Statement, Two-Challenge Rule, or CUS  
Uses the Two-Challenge Rule or DESC Script to resolve conflict

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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 Followup With Coworkers</li> <li>■ Distractions</li> <li>■ Fatigue</li> <li>■ Workload</li> <li>■ Misinterpretation of Cues</li> <li>■ Lack of Role Clarity</li> </ul>	<p>Communication</p> <ul style="list-style-type: none"> <li>• SBAR</li> <li>• Call-Out</li> <li>• Check-Back</li> <li>• Handoff</li> </ul> <p>Leading Teams</p> <ul style="list-style-type: none"> <li>• Brief</li> <li>• Huddle</li> <li>• Debrief</li> </ul> <p>Situation Monitoring</p> <ul style="list-style-type: none"> <li>• STEP</li> <li>• I'M SAFE</li> </ul> <p>Mutual Support</p> <ul style="list-style-type: none"> <li>• Task Assistance</li> <li>• Feedback</li> <li>• Assertive Statement</li> <li>• Two-Challenge Rule</li> <li>• CUS</li> <li>• DESC Script</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>■ Team Performance</li> <li>■ <i>Resident Safety!!</i></li> </ul>

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## Resources

GET THE APPI! TeamSTEPPS® Pocket Guide App

A quick-reference tool for the TeamSTEPPS® communication framework.

Download AHRQ's new TeamSTEPPS app to put the structured communication tools and checklists from the TeamSTEPPS Pocket Guide at your fingertips on your smartphone or tablet. TeamSTEPPS is AHRQ's signature curriculum to improve patient safety by training health care teams to communicate and practice effective teamwork. The app is available at no cost through the [Apple App Store](#) and [Google Play Store](#).

TeamSTEPPS® 2.0 for Long-Term Care. Full curriculum available as a free download here:  
<https://www.ahrq.gov/teamstepps/longtermcare/index.html>

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