

TeamSTEPPS

Team Strategies and Tools to Enhance Performance and Patient Safety

Todd Griffin, MD, MBA and Diane Christopher MD

TeamSTEPPS is an evidence-based set of tools and curriculum that focuses on integrating improved communication and teamwork principles into health care. TeamSTEPPS was developed jointly by the Department of Defense and the Agency for Healthcare Research and Quality (AHRQ) in the early 2000s as a direct result of the Institute of Medicine report [*To Err is Human; Building a Safer Health System*](#)¹ that was published in 1999.

The TeamSTEPPS curriculum contains an introductory module that relates the importance of team training as well as the structure of teams. Emphasis is placed on defining team skills, demonstrating the tools and strategies team members can use to gain proficiencies in different competencies/skills, as well as the identification of tools and strategies that can be used to overcome common barriers to safe patient care. The chart below identifies barriers that are described in TeamSTEPPS as well as the tools and strategies to overcome them to achieve desired outcomes.

BARRIERS	TOOLS and STRATEGIES	OUTCOMES
<ul style="list-style-type: none">• 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 Co-Workers• Distractions• Fatigue• Workload• Misinterpretation of Cues• Lack of Role Clarity	<ul style="list-style-type: none">• Brief• Huddle• Debrief• STEP• Cross Monitoring• Feedback• Advocacy and Assertion• Two-Challenge Rule• CUS• DESC Script• Collaboration• SBAR• Call-Out• Check-Back• Handoff	<ul style="list-style-type: none">• Shared Mental Model• Adaptability• Team Orientation• Mutual Trust• Team Performance• <i>Patient Safety!!</i>

From American Hospital Association "TeamSTEPPS Pocket Guide"²

Example:

On a busy labor and delivery unit, the midwifery team and the physician obstetric team worked independently. Midwives and physicians reviewed patients together only when the midwives consulted the physicians (e.g. for a cesarean delivery or complicated perineal repair). This model created many problems as the physicians were typically very busy surgically, and often had to triage which laboring patients went to the operating room first. When the midwifery service consulted the obstetrics service regarding a nulliparous patient who had been pushing for 5 hours, the physicians became frustrated that the list of patients needing surgery had to be re-ordered, and quickly. The labor and delivery unit later reviewed their model and noted it to be fraught with lack of information sharing, hierarchy, conflict,

and defensiveness. To address this, the unit implemented a daily huddle at 830AM. During this time the nurses, physicians and midwives collectively discussed each patient and the resources they may need. This allowed obstetricians and midwives to dialogue in a non-threatening, collaborative setting. They quickly began updating each other continually throughout the day, improving patient care and everyone's workflows and job satisfaction.

References

1. Institute of Medicine. 2000. To Err Is Human: Building a Safer Health System. Washington, DC: The National Academies Press. Full text also available free from <https://pubmed.ncbi.nlm.nih.gov/25077248/>. Accessed 10.2.24.
2. American Hospital Association: <https://www.aha.org/center/team-training/getting-started-teamstepps>

Additional Resources

Agency for Healthcare Research and Quality (AHRQ). Getting started with TeamSTEPPS. 2024. <https://www.ahrq.gov/teamstepps/index.html> Accessed 10.2.24.

