TOOL OF THE MONTH

A Strategy to Improve the Transfer of Knowledge of TeamSTEPPS Tools to Changes in On-the-Job Behavior

“Tool of the Month” is a strategy that TeamSTEPPS Master Trainers use to provide additional learning opportunities after formal training. Each month they promote a different tool, review its purpose, and share opportunities to use the tool with the staff during formal meetings and through newsletter articles and bulletin board displays. This strategy is a follow up to training that helps front line staff review their knowledge of the tools and “transfer” this knowledge to changes in behavior on the job.¹

The Master Trainers at Box Butte General Hospital in Alliance, Nebraska created the materials to publicize five tools of the month included in this handout:

- Advocacy and Assertion
- Collaboration
- Cross Monitoring
- Feedback
- I’m SAFE Checklist
- Leadership Tools—Briefs, Huddles, and Debriefs
- STEP

TeamSTEPPS Tool of the Month: **Call-Out/Check-Back & Time-Out**

**Call-Out:** Strategy used to communicate important or critical information.  
**Check-Back:** Employing closed-loop communication to ensure the information conveyed by the sender is understood by the receiver as intended.

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**Stop the Madness**

**Call-Out**

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.

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**Check-Back**

Receiver accepts message, provides feedback confirmation

Sender verifies message was received

Sender initiates message

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**Time-Out**

Before surgeries and other invasive procedures, the care-giving team will have a "time-out" to verify they have the correct patient, procedure and procedure site. This extra verification is one more step in ensuring patient safety.

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TeamSTEPPS Tool of the Month: **Cross Monitoring**

Cross Monitoring: An Error Reduction Strategy that involves monitoring actions of other team members.

- Monitoring actions of other team members.
- Providing a safety net within the team.
- Ensuring mistakes or oversights are caught quickly and easily.

How can Cross Monitoring be Applied to **Overcome** these Obstacles?

**Obstacles – Human behaviors that result from both personality and attitude which prevent effective job performance. Obstacles are ever present, requiring vigilant awareness to overcome them. Some examples of obstacles include:**

- **Excessive Professional Courtesy** – giving someone of higher rank or status too much respect or deference so that it affects the level of health care they receive. May also occur among team members having higher rank or status, resulting in a hesitancy of team members to point out deficiencies in performance.
- **Halo Effect** – occurs when someone else’s “great” reputation or extensive experience clouds our judgment.
- **Passenger Syndrome** – Team members experience “Passenger Syndrome” (“just along for the ride”) when they abdicate responsibility believing someone else is in charge.
- **Hidden Agenda** – When a team member makes suggestions or decisions on information or desires of which the rest of the team may be unaware. An example of hidden agenda is a strong desire to get off work early or avoid a procedure in which they are poorly trained.
- **Complacency** – When individuals and/or teams become comfortable with the most routine to the most difficult or critical tasks. Becomes a hazard when individuals and teams lose their vigilance and situational awareness.
- **High-Risk Phase** – a procedure or time in which a medical mishap is likely to happen (e.g., shift change).
- **Task (Target) Fixation** – a condition in which an individual’s and/or team’s focus on a task may impair their decision-making or make them oblivious to “the big picture”. It is generally precipitated by a real or perceived pressure to perform, or by workload/stress related issues.
- **Strength of an Idea** – an unconscious attempt to make available evidence fit a preconceived situation. Once a person gets a certain idea in their head, it can be difficult or impossible for them to alter that idea no matter how much conflicting information is received.
- **Hazardous Attitudes** – ways of thinking and viewing the world (e.g., anti-authority, impulsiveness, invulnerability, machismo or resignation).

*We are **LUCKY** to be part of a team that practices Cross Monitoring!*

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TeamSTEPPS Tool of the Month: DESC

A constructive approach for managing and resolving conflict.

Perception is Truth: Is April dreary for you because of the rainy days or is it a window to spring when everything awakens from the long winter?

Situation: A physician’s pet was brought into the hospital and allowed to visit all the patients on the PCU, in PACU and in Dialysis. The patient feedback is very positive. However, this is clearly a violation of hospital policy. A De-Brief is scheduled and it becomes immediately apparent there is a PRO person and a Con person and opposing camps are forming. The CON person, who is facilitating the De-Brief, gets caught up in the emotion of the situation and no problem solving is occurring. The unit manager in attendance respectfully but assertively offers a CUS to the facilitator who responds appropriately, apologizes and hands off the facilitation baton to the manager.

Describe the specific situation or behavior; 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.

Following the De-Brief the CON-person engages the manager in a positive DESC conversation.

Pollyanna, I had a difficult time maintaining objectivity during the pet visitation De-Brief. It was pretty personal for me.

When you intervened and CUS’ed me it was like someone putting an ice cube down my back and I was able to stop ranting, take a breathe and recover my composure.

In retrospect I could have anticipated that I might take this personally and react emotionally because I was very concerned when I learned that this happened. I was not the best person to facilitate this De-Brief.

I want to thank you for treating me with respect, rescuing this situation and for leading us to a win/win resolution. I think we should add choose a neutral facilitator to our De-Brief check list.

Is a DESC conversation a negative experience you view as the steps to getting through a difficult conversation? Or is DESC the opportunity to rebuild and develop relationships?
TeamSTEPPS Tool of the Month: Feedback

Feedback: Information provided for the purpose of improving team performance.

**Timely** - Given soon after the target behavior has occurred

**Respectful** - Focus on behaviors, not personal attributes

**Specific** - Be specific about what behaviors need correcting

**Directed Towards Improvement** - Provide directions for future improvement

**Considerate** - Consider a team member’s feelings and deliver negative information with fairness and respect

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**Migration** – Movement from one environment to another.

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Centriq Migration

- This is a crucial time for giving feedback.
- Feedback is needed on process, programs, policy, and anything else!
- It takes all eyes on deck to make this ship sail and it be a successful trip to our destination.
- Don’t let there be any barriers to providing feedback to those who need it.

**Common barrier for giving Feedback:**

**Excessive Professional Courtesy** – giving someone of higher rank or status too much respect or deference so that it affects the level of health care they receive. May also occur among team members having higher rank or status, resulting in a hesitancy of team members to point out deficiencies in performance.

Let’s do our best and give good Feedback so that our Centriq Migration is the best that it can be. Imagine how great our new destination can be with everyone’s help! Let’s Migrate!

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TeamSTEPPS Tool of the Month: Handoff

Strategy designed to enhance information exchange during transitions in care.

Is this how you feel when you are trying to get information?

Is it all a guessing game?

Transfer of Information

Transfer of Authority and Responsibility

Your Handoff is a SUCCESS when:

- Questions are Asked and Satisfactorily Answered
- A Shared Mental Model is Ensured

I PASS THE BATON

<table>
<thead>
<tr>
<th>I</th>
<th>Introduction</th>
<th>Introduce yourself and your role/job (include patient)</th>
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</thead>
<tbody>
<tr>
<td>P</td>
<td>Patient</td>
<td>Name, identifiers, age, sex, location</td>
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<tr>
<td>A</td>
<td>Assessment</td>
<td>Present chief complaint, vital signs, symptoms, and diagnosis</td>
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<tr>
<td>S</td>
<td>Situation</td>
<td>Current status/circumstances, including code status, level of (un)certainty, recent changes, and response to treatment</td>
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<tr>
<td>S</td>
<td>SAFETY Concern</td>
<td>Critical lab values/reports, socio-economic factors, allergies, and alerts (falls, isolation, etc.)</td>
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<td>T</td>
<td>Background</td>
<td>Co-morbidities, previous episodes, current medications, and family history</td>
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<tr>
<td>B</td>
<td>Actions</td>
<td>What actions were taken or are required? Provide brief rationale</td>
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<tr>
<td>A</td>
<td>Timing</td>
<td>Level of urgency and explicit timing and prioritization of actions</td>
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<td>T</td>
<td>Ownership</td>
<td>Who is responsible (person/team) including patient/family?</td>
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<td>O</td>
<td>Next</td>
<td>What will happen next? Anticipated changes? What is the plan? Are there contingency plans?</td>
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TeamSTEPPS Tool of the Month: IMSAFE

A simple checklist that should be used daily to determine both your coworkers’ and your own ability to perform safely.

When it comes to Fatigue...

How SAFE are you?

One of the most significant limitations in evaluating fatigue is the absence of an available metric for accurately measuring fatigue and its subsequent effect on patient care.

Because coworkers may not easily be able to assess the degree of their own fatigue, it also may be prudent for groups or departments to consider processes that provide backup care when fatigue may diminish the quality of care.

The National Sleep Foundation recommends 8 hours of sleep per night for an adult. The average U.S. adult sleeps only approximately 7 hours per night.

Sleep deprivation can be caused by insufficient sleep or fragmented sleep or both. Although there is wide variation in sleep needs, individuals do not get accustomed to less sleep than what is biologically required. One cannot store up sleep.

Recovery from a period of insufficient sleep requires at least two or three full nights of adequate uninterrupted sleep.

Make sure you get adequate rest, and use the IMSAFE Checklist! It is every team member’s responsibility!

Illness

Medication

Stress

Alcohol & Drugs

Fatigue

Eating & Elimination

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TeamSTEPPS Tool of the Month: SBAR

A Technique for communicating critical information that requires immediate attention and action concerning a patient's condition.

 ALERT!

CRITICAL INFORMATION

S – Acme Communications System Upgrade

B – Acme Communications has notified us about an upgrade that they are going to be doing on their equipment tonight between 12:01 A.M. and 4:00 A.M. Mountain Time.

A – Acme is only anticipating a 10 minute down time while their systems reboots. This will not affect any in house phones. However, there will be no outside lines for calling out or receiving outside calls and there will be no internet access while this reboot is taking place.

R – If Acme is not back up in this time frame please call the SuperHero on call directly and they will get a hold of Acme for more information regarding the status of their upgrade.

THANK YOU.