Inova Fairfax Hospital ED

TeamSTEPPS

September, 2017

* **TeamSTEPS (TS)** stands for “team strategies and tools to enhance performance and patient safety”. It is a tool kit of strategies, of which we employ four – huddle, debrief, SBAR and the two challenge rule, or “CUS”. It is evidence based that following TS principles improves safety outcomes. TS is endorsed by AHRQ. Our ED leadership are TS master trainers, most of us having taken the Duke course. The link to the AHRQ page for TS is <https://www.ahrq.gov/teamstepps/instructor/essentials/pocketguide.html>.
* **HUDDLE** – A huddle occurs when the treatment team (physicians, nurses, techs) need to spend a few minutes to develop a plan and a “shared mental model” of what the goals of treatment and monitoring are **when an unanticipated change has occurred in the course of a patient’s care**. For example, when a patient who is SIRS positive has a lactate result at > 2, we **HUDDLE**. A huddle occurs in or outside the patient’s room and includes the attending, resident, nurse and tech. We use a sepsis huddle sheet to identify 3 and 6 hour (from the time of end organ damage) time limits and a **shared mental model** as regards the patient. Huddles can take place for any patient - typically when that patient decompensates.
* **DEBRIEF** – For patients who are in any way challenging, the team debriefs for a few minutes. The debrief typically takes 3-5 minutes. We discuss what went well, what could have been done better, and suggestions for improvement. Suggestions are placed in the charge nurse report and escalated to leadership the next day. Debriefs are an important tool we use to identify and act upon opportunities to improve the department, communication and team work.
* **SBAR (Situation, background, assessment and recommendation)** – This is a communication tool we use during hand offs. Nursing uses it along with iSHAPED for calling report. We use it when calling inpatients providers about admissions. It makes for a consistent report with less chance of leaving out important information. For example:
  + **Situation**  I’m calling about a 65 y/o male with chest pain.
  + **Background** Mr X has 2 days of intermittent CP, has a HEART score of 4, a negative troponin and nonspecific ST T wave changes.
  + **Assessment** This patient needs to be stressed but can’t go home w a HEART score of 4
  + **Recommendation** This patient needs admission on observation status.
* **THE TWO CHALLENGE RULE OR CUS** 
  + *The TWO CHALLENGE RULE* Empowers all team members to "stop the line" if they sense or discover an essential safety breach. Stopping the line is done by assertively voicing concern at least two times. We require the team member being challenged to acknowledge that the concern has been heard. The next step is to escalate the concern. The assertive statement we use is **CUS**.
    - I AM **CONCERNED**
    - I AM **UNCOMFORTABLE**
    - THIS IS A **SAFETY** ISSUE
  + If you are approached by a nurse or tech in this way, please respond in a non-threatening manner and state that you acknowledge the concern. More importantly, address their concern directly. If the situation is not resolved, escalate the concern to your attending.