TEAM STRUCTURE

SUBSECTIONS

- What Defines a Team?
- Partnering With Residents and Families
- Multi-Team System for Resident Care

TIME: 50 minutes

INSTRUCTOR OUTLINE: TEAM STRUCTURE

Instructor Note: In this module, you will present information about the structure of teams. Although team structure does not address team competencies, it is important for participants to learn concepts such as the inclusion of the resident as a member of the team and the components of a multi-team system in terms of planning their TeamSTEPPS implementation.

The Team Structure module includes the content provided in the outline below. More content is available than can likely be covered in the time provided; therefore, optional content and activities are noted. It is strongly recommended that instruction not focus solely on lecture, but also include exercises, videos, and other activities. As such, instructors should use the information below to plan how the module will be taught within the time available.

	Content	Page #	Approx. Time
1.	Introduction	5 - 6	2 mins
2.	Definition of a Team	7	2 mins
3.	Teams and Teamwork Exercise	8	5 – 10 mins*
4.	Partnering With Residents and Families	9 - 12	5 mins
5.	Multi-Team System	13 - 18	15 mins
6.	Team Structure Video and Discussion	19 - 20	10 mins
7.	Applying TeamSTEPPS Exercise	21	5 mins

*Although all instructional content and activities are recommended to ensure that participants achieve the learning objectives, these activities may be considered “optional” if time is constrained.

MODULE TIME:

50 minutes

MATERIALS:

- Teams and Teamwork Exercise Sheet
- Flipchart or Whiteboard (Optional)
- Markers (Optional)
- TeamSTEPPS Opportunity LTC Video (LTC_ Opportunity _Complete_ Vignette.mpg)
- TeamSTEPPS Implementation Worksheet

Continued…

INSTRUCTOR OUTLINE: TEAM STRUCTURE (Continued)

Additional Resources: Below are sources of additional information and videos you may want to use to customize this module to your participants.

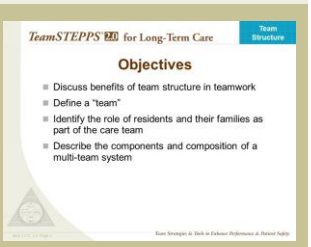
- ***TeamSTEPPS 2.0:*** Includes teamwork success and teamwork failure videos in multiple hospital settings.
  - https://www.ahrq.gov/teamstepps/instructor/index.html
- ***TeamSTEPPS Rapid Response Systems Module (RRS):*** Videos in this module demonstrate how the Rapid Response Team interacts and coordinates with other aspects of the multi- team system.
  - https://www.ahrq.gov/teamstepps/rrs/index.html

OBJECTIVES

SAY:

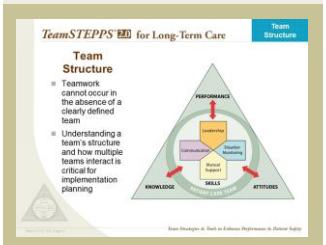
Upon completion of this module, you will be able to:

- Discuss the benefits of team structure in teamwork;
- Define a “team”;
- Identify the role of residents and their families as part of the care team; and
- Describe the components and composition of a multi-team system.



Slide

TEAMSTEPPS TEAMWORK SKILLS



Slide

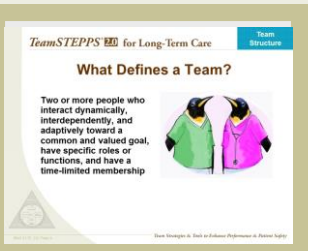
SAY:

Team structure refers to the composition of an individual team or of a multi-team system. Team structure is an integral part of the teamwork process. A properly structured care team is an enabler for and the result of effective communication, leadership, situation monitoring, and mutual support.

Proper team structure can promote teamwork by including a clear leader, involving the resident, and ensuring that all team members commit to their roles in effective teamwork.

It is important to identify and recognize the structure of teams, because teamwork cannot occur in the absence of a clearly defined team. Further, understanding a team's structure and how multiple teams interact in a unit is critical for planning the implementation of TeamSTEPPS tools and strategies. It is critical to know which teams are targeted for TeamSTEPPS; who on the team will adopt the TeamSTEPPS intervention; and how the intervention may affect other teams in the care environment.

WHAT DEFINES A TEAM?



Slide

SAY:

To effectively understand team structure, let's begin with defining a "team."

A team is different from a group. A group can achieve its goal through independent individual contributions. Real-time coordination of tasks between individuals is not required.

A team, however, consists of two or more people who interact dynamically, interdependently, and adaptively toward a common and valued goal, have specific roles or functions, and have a time-limited membership. During the temporal life of a team, the team's mission is of greater value than the goals of the individual members.

Team members:

- Include anyone involved in the process of resident care who can take action, including the leader;
- Have clearly defined roles and responsibilities;
- Are accountable to the team for their actions; and
- Must stay continually informed for effective team functioning.

The teamwork skills you will learn in this course will provide team members with tools and strategies for being *effective* team members.

(OPTIONAL) EXERCISE: TEAMS AND TEAMWORK

Slide

TIME:

5-10 minutes

MATERIALS:

- Teams and Teamwork Exercise Sheet
- Flipchart or Whiteboard (Optional)
- Markers (Optional)

SAY:

Let's look at the team in your own work area. Please take a few minutes to complete the Teams and Teamwork Exercise Sheet. If you are sitting near your fellow team members, you may work on this exercise together. If you are not sitting with your team, please complete it on your own. I'll ask a few of you to share your work with the rest of the class in a few minutes.

DO:

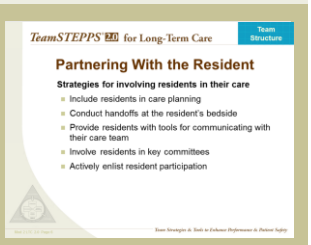
Give the participants several minutes to complete their sheets. During the discussion, you may wish to document responses on a flipchart or whiteboard.

DISCUSSION:

- Who are the team members in your unit, department or work area?
- How many of you included residents in your list of team members?
- What characteristics make a group a team?

PARTNERING WITH THE RESIDENT

SAY:



Slide

It is critical to acknowledge that a care team is not complete without the resident. Residents and their families should be embraced and valued as contributing partners to care.

Throughout this course, you will learn several teamwork skills, tools, and strategies that can easily be adapted for use by residents and their families. Thinking about how to include residents is an important part of your TeamSTEPPS implementation planning.

Examples of effective strategies for involving residents in their care include:

- Including the resident in care planning;
- Conducting handoffs at the resident's bedside;
- Providing residents with tools for communicating with their care team;
- Involving residents in key committees; and
- Actively enlisting the resident's participation.

A number of organizations provide information, materials, and suggested strategies related to patient and resident engagement, including AHRQ, the DoD Patient Safety Program, the Joint Commission, the National Patient Safety Foundation (NPSF), the U.S. Department of Health and Human Services (DHHS), the Institute for Healthcare Improvement (IHI), and Consumers Advancing Patient Safety (CAPS).

Example resources:

- The AHRQ-funded *Guide to Patient and Family Engagement: Environmental Scan Report:*
  https://psnet.ahrq.gov/resources/resource/24664/guide-to-patient-and-family-engagement-environmental-scan-report
- The DoD Patient Safety Program's *Team Up*:
  http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/TEAM-UP

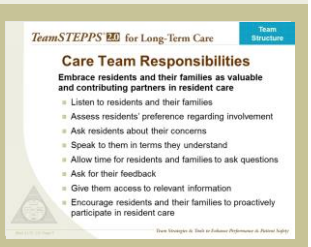
Continued…

PARTNERING WITH THE RESIDENT (Continued)

Example resources (Continued):

- DoD Patient Activation Reference Guide: http://www.health.mil/Military-Health-Topics/Access-Cost-Quality-and-Safety/Quality-And-Safety-of-Healthcare/Patient-Safety/Patient-Safety-Products-And-Services/Toolkits/Patient-Activation-Reference-Guide
- The Joint Commission's *Speak Up:* https://www.jointcommission.org/speakup.aspx
- NPSF's *Ask Me 3:* http://www.npsf.org/?page=askme3
- DHHS' *Partnering to Heal:* https://health.gov/hcq/training-partnering-to-heal.asp
- IHI's Person- and Family-Centered Care Information: http://www.ihi.org/topics/PFCC/Pages/default.aspx
- Information from CAPS: http://www.patientsafety.org/tools-and-resources.html

CARE TEAM RESPONSIBLITIES



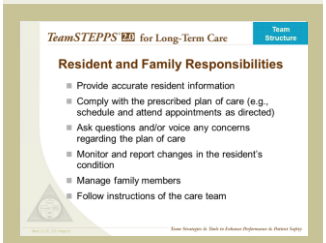
Slide

SAY:

Working with residents and families as true partners includes:

- Listening to residents and their families.
- Asking residents how involved they prefer to be in their own care.
- Before launching into detailed status, asking residents about their concerns; otherwise, they might not listen to or understand what is being said to them.
- Speaking in terms they understand to ensure that residents and families understand the information being shared.
- Allowing time for residents and families to ask questions.
- Providing residents and families access to relevant information.
- Asking residents and their families for feedback and to be proactive participants in resident care—they are also responsible for transforming relationships between health care providers and residents.

RESIDENT AND FAMILY RESPONSIBLITIES



Slide

SAY:

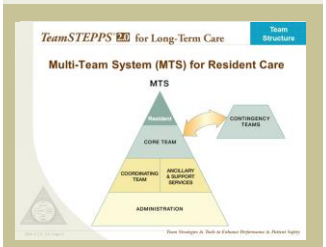
The responsibilities of residents and their families as part of the team differ from those of the care team members. Resident and family responsibilities include:

- Providing accurate resident information.
- Complying with the prescribed plan of care. For example, residents and families are responsible for scheduling and attending appointments as directed.
- Asking questions and/or voicing any concerns regarding the care plan.
- Monitoring and reporting any changes in the resident's condition in a timely manner.
- Managing family members to prevent disruptive behavior during care.
- Following the instructions of the care team.

DISCUSSION:

- Have you implemented any specific strategies for engaging residents and their families in your unit, department, or work area?
- If so, what has worked well and what has not worked well?
- What changes have you seen as a result of engaging residents in their care?

MULTI-TEAM SYSTEM FOR RESIDENT CARE



Slide

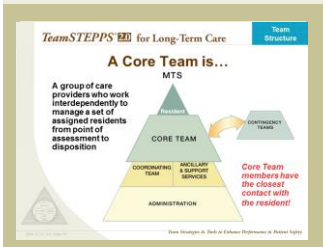
SAY:

We have discussed what defines a team, but in health care, multiple teams are involved in resident care. This slide shows the model of a multi-team system. Each team within a multi-team system is responsible for various parts of resident care, but all must act in concert to ensure quality care.

A multi-team system is composed of several different teams. The multi-team system includes the Core Team, the Contingency Team, the Coordinating Team, Ancillary and Support Services, and Administration. In addition, it is important to acknowledge the resident as a critical part of the multi-team system.

As we discuss each of the components of the multi-team system, think about whether each team should be included in your TeamSTEPPS implementation plan.

CORE TEAMS



Slide

SAY:

Core Teams consist of team leaders and team members who are involved in the direct care of the resident. Core Team members include direct care providers and continuity providers. Continuity providers manage the resident from assessment to disposition, such as case managers. The Core Team is based where the resident receives care.

Core Teams should be small enough to ensure situation monitoring, development of situation awareness, and direct, unfiltered communication between members. To establish a shared mental model, Core Teams should be large enough to include skill overlap between members to allow for workload sharing and redistribution when necessary. Every Core Team has a leader who is readily identified by all members of the team.

Core Team leadership is dynamic; Core Team leaders are required to take on different roles at various points in the plan of care. Often these may be nonleadership roles, such as supporting a nurse starting an IV.

Examples of Core Teams include:

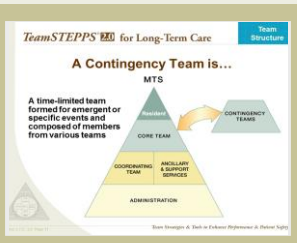
Dementia Unit:

- The Core Team may be composed of the attending physician, physician assistant (PA), advanced practice registered nurse (APRN), nurse, nursing assistants, and restorative aides responsible for treating a resident.

Subacute Unit:

- The Core Team may be composed of the physician, nurse, and rehabilitation staff responsible for cardiac rehabilitation of a resident.

CONTINGENCY TEAMS



Slide

SAY:

Contingency Teams are:

- Formed for emergent or specific events;
- Time limited (e.g., Code Team, Disaster Response Team, Rapid Response Team*); and
- Composed of team members drawn from a variety of Core Teams.

**A TeamSTEPPS Rapid Response Systems Guide is available from AHRQ. For more information, go to:* https://www.ahrq.gov/teamstepps/rrs/index.html.

Contingency Teams are responsible for immediate, direct resident care during emergency situations requiring more resources than are available to the Core Team. In the nursing home, this may be referred to as "all hands on deck." Their role may be very specific and limited to a certain situation, such as a Code Team, or they may be responsible for a broad category of situations, such as disaster response. They generally consist of preidentified members derived from varying units, work areas, or Core Teams and have limited time to prepare for emergencies.

Because Contingency Team members are called together for emergent or specific events, they do not typically spend much time working together as a team. However, their individual roles are clearly defined, and leadership is designated based on resident needs and member expertise in dealing with the particular situation.

Examples of Contingency Teams include:

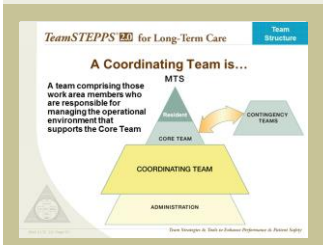
Dementia Unit:

- The Contingency Team may composed of the care planning team, emergent "code" teams, and hospice/palliative care teams, or a consulting pharmacist who can be called upon to participate if the medication regimen is complicated and requires special pharmacological expertise.

Subacute Unit:

- The Contingency Team may compose of the MDS Coordinators and the care planning team.

COORDINATING TEAMS



Slide

SAY:

The Coordinating Team is the group responsible for:

- Day-to-day operational management;
- Coordination functions, such as triaging emerging events and prioritizing decisionmaking to ensure maximal support to the Core Team; and
- Resource management for Core Teams, such as collaborating with the Administrative and Ancillary Teams to assign priorities and ensure throughput.

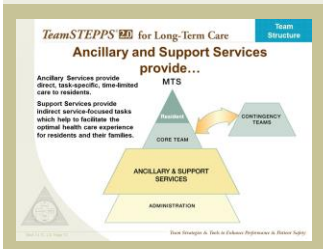
Direct resident care may be a secondary function with the exception of small facilities.

Coordinating Teams frequently include experienced personnel with a strong clinical background. This combination enhances the ability of the Coordinating Team members to rapidly assess the overall picture, anticipate the needs or potential needs between and across teams, and make priority-based decisions.

ASK:

- Who might be the members of the Coordinating Team on a dementia unit?
  - *Nurse supervisors, department heads, and unit managers or unit secretaries who may be responsible for resource management and promotion of teamwork for the unit*
- Who might be the members of the Coordinating Team on a subacute unit?
  - *The unit charge nurse or the director of nursing responsible for admissions and resource management for the cardiac rehabilitation or subacute units*

ANCILLARY AND SUPPORT SERVICES



Slide

SAY:

Ancillary Services consist of individuals who:

- Provide direct, task-specific, time-limited care to residents;
- Support services that facilitate care of the residents; and
- Are often not located where the residents receive their routine care.

Ancillary Services are primarily a service delivery team whose mission is to support the Core Team. In general, an Ancillary Services Team functions independently.

Support Services are primarily a service-focused team whose mission is to create efficient, safe, comfortable and clean health care environments, which affect the resident care team, market perception, operational efficiency, and resident safety.

ASK:

- What are some examples of Ancillary and Support Services teams?

Possible Answers:

- Ancillary services
  - Laboratory
  - X-ray
  - Pharmacy
  - Recreation
  - Social Services
  - Rehabilitation/Occupational Therapy
  - Dietary
- Support services
  - Housekeeping
  - Supply
  - Human Resources
  - Laundry
  - Physical Plant
  - Staff Development/Staff Education

THE ROLE OF ADMINISTRATION

Slide

SAY:

Administration includes the executive leadership of a unit or facility and has 24-hour accountability for the overall function and management of the nursing home. The Administrative Team has no responsibility in the direct delivery of care but provides the framework and guidance that ensure that each team understands its role and responsibility and has access to the necessary resources to succeed.

Administration creates the climate and culture for a teamwork system to flourish by:

- Establishing and communicating vision;
- Developing and enforcing policies and procedures that clearly articulate the roles and responsibilities of the other teams and team members;
- Setting expectations for staff;
- Providing necessary resources for successful implementation;
- Holding teams accountable for team performance; and
- Defining the culture of the nursing home.

Administration should strive to create a learning culture where there is trust and transparency to create a safe environment to report, analyze, and share information openly. This philosophy serves to define a culture of safety; however, as examples in aviation and other high-risk industries have shown, the change will not happen overnight.

TEAM STRUCTURE VIDEO

SAY:

Please consider how the lack of team structure plays a role in the situation shown in this video. Please note that the job titles of "nurse manager" and "nurse supervisor," which are used in this video, are more common in a hospital setting.

DO:

Play the video by clicking the director icon on the slide.

DISCUSSION: Go to next page >

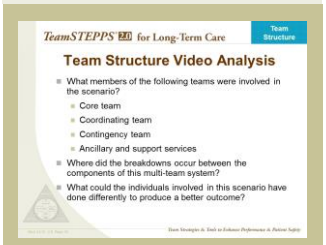
Slide

VIDEO TIME:
3:15 minutes

MATERIALS:

- TeamSTEPPS Opportunity LTC Video (LTC_ Opportunity _Complete_ Vignette.mpg)

TEAM STRUCTURE VIDEO ANALYSIS



Slide

SAY:

Now let's discuss what you saw in the video vignette.

DISCUSSION:

- What members of each of the following teams were involved in this scenario?
  - The Core Team?
    - The nursing assistants (Lucy and Carmen).
    - The attending physician (Dr. Flores).
    - The nurse manager (Gayle).
  - The Coordinating Team?
    - The nurse supervisor (Liz).
  - The Contingency Team?
    - No members of this team appeared in the video.
  - Ancillary and Support Services?
    - The social worker (Christine).
    - The recreation therapist (Jennifer).
- Where did the breakdowns occur between the components of this multi-team system?
  - The nurse manager asked the team to "keep an eye" on Mrs. Smith, but did not assign a specific task to a specific team member.
  - The social worker did not effectively communicate her observations and concerns to the nursing assistants, and the nursing assistants were not receptive to the social worker's input.
  - The physician was never alerted to the changes in Mrs. Smith's behavior until after she had fallen. When the nurse supervisor did call the physician, she did not effectively communicate Mrs. Smith's condition, and he seemed unwilling to address the concerns.
- What could the individuals involved in this scenario have done differently to produce a better outcome?

EXERCISE: APPLYING TEAMSTEPPS

Slide

Instructor Note: This slide is intended for the Master Training course only. The previous slide should be the last one shown to staff participants at your nursing home.

SAY:

Now return to your TeamSTEPPS Implementation Worksheet. After the Introduction module, you identified the teamwork issue or issues that you plan to address with TeamSTEPPS. Now, think about the area in which you intend to use TeamSTEPPS to improve performance.

Think about:

- What types of team members make up each team?
- How do the teams in your unit, department, or work area interact with one another?
- How might each of the teams fit into your TeamSTEPPS implementation plan?

DO:

Ask a few individuals to report on the multi-team system that will be affected by their intended TeamSTEPPS implementation.

MATERIALS:

- TeamSTEPPS Implementation Worksheet