

Attachment C: TeamSTEPPS Followup Survey (DRAFT)

Form Approved
OMB No. XXXX-XXXX
Exp. Date XX/XX/20XX

TeamSTEPPS Followup Survey

Introduction

Hello! Thank you for your participation in this survey and for your continued commitment to patient safety. The Agency for Healthcare Research and Quality (AHRQ) requests your feedback 90 days after completing a TeamSTEPPS training program to help improve the course and related offerings for future participants.

You will be asked to assess the value of the program you attended as well as the applicability of the concepts, tools, and strategies that make up the TeamSTEPPS curriculum. All information you provide will remain confidential, and data will be reported only in aggregate.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [####-####]. This information collection is to examine the degree to which the updated TeamSTEPPS program improves the team effectiveness and streamlines team communication. The time required to complete this information collection is estimated to average less than 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary, will remain confidential, and all data will be reported only in aggregate. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: [mailing address] or [email address], Attention: Information Collections Clearance Officer.

Should you have any questions about this survey, please contact [NAME] at [EMAIL].

29 questions | Estimated time to complete: 20 minutes

The public reporting burden for this collection of information is estimated to average 20 minutes per response. Send comments regarding this estimate or any other aspect of this survey to:

AHRQ Reports Clearance Officer
Attention: PRA, Paperwork Reduction Project (NUMBER and EXPIRATION DATE to BE PROVIDED)
AHRQ
540 Gaither Road, Room # 5036
Rockville, MD 20850

Section 1 of 5: Background and Overall Impressions

To start, please provide more details about yourself, your organization, and your participation in TeamSTEPPS training.

1. Which training did you complete?
 - a. TeamSTEPPS 3.0 Training
 - b. TeamSTEPPS Diagnostic Improvement Course

2. For what reason(s) did you decide to participate in this training? Select all that apply.
 - a. To learn more about improving teamwork in health care settings.
 - b. To learn more about the TeamSTEPPS approach.
 - c. In response to a patient safety incident or near-miss at my organization.
 - d. To prepare for bringing TeamSTEPPS into my organization's education programs.
 - e. To prepare for bringing TeamSTEPPS into my organization's in-service program.
 - f. To assist another organization with improving patient safety.
 - g. As part of a research project.
 - h. As a requirement by my organization.
 - i. Other: [Short answer]

3. Which of the following best describes **your role** in implementing the training concepts?
 - a. Implementation manager or organizer
 - b. Part of the change team to support implementation
 - c. Other: [Short answer]

4. To what extent do you feel that the training you attended prepared you to either use or support others in using TeamSTEPPS tools and strategies?
 - a. Very well
 - b. Somewhat well
 - c. Somewhat poorly
 - d. Not at all

5. To what extent do you feel that the training you attended prepared you to provide this training to others?
 - a. Very well
 - b. Somewhat well
 - c. Somewhat poorly
 - d. Not at all

6. Which of the following **best** describes the status of your efforts to either implement or support others in implementing the TeamSTEPPS tools and strategies from this training? Select one.
 - a. Complete [SKIP to Q8]
 - b. Actively in progress [SKIP to Q8]
 - c. To begin in the next 6 months [SKIP to Q8]
 - d. To begin in the next year [SKIP to Q8]
 - e. To begin next year or later [SKIP to Q8]
 - f. Unlikely to happen.

7. For what reason(s) are you unlikely to use the TeamSTEPPS tools and strategies from this training? Select all that apply.

- a. Our team is not yet ready for TeamSTEPPS.
 - b. A teamwork intervention is unlikely to address our team's specific challenges.
 - c. The TeamSTEPPS approach is unlikely to address our team's specific challenges.
 - d. We were unable to secure the necessary buy-in to implement TeamSTEPPS tools or strategies.
 - e. We don't anticipate future opportunities to support others in implementing TeamSTEPPS tools or strategies.
 - f. Other: [Short answer]
[Upon completing Q7, TERMINATE survey]
8. Since completing the course, at what level(s) have you implemented TeamSTEPPS concepts, tools, or strategies? Select all that apply.
- a. Entire organization/facility
 - b. One or more units/departments
 - c. My unit/department
 - d. None of the above
9. Since completing the course, in what way(s) have you implemented or supported others in implementing TeamSTEPPS concepts, tools, or strategies? Select all that apply.
- a. Established a change team.
 - b. Identified the teamwork problem or opportunity for improvement.
 - c. Conducted a site assessment.
 - d. Collected data on patient safety culture using an AHRQ survey.
 - e. Defined the goal(s) of a TeamSTEPPS intervention.
 - f. Developed a formal implementation plan for the intervention.
 - g. Developed an action plan for the intervention.
 - h. Briefed leadership or key personnel about the action plan.
 - i. Formalized the design of the intervention.
 - j. Developed a plan for measuring the effectiveness of the intervention.
 - k. Conducted a TeamSTEPPS training for the intervention.
 - l. Implemented the intervention.
 - m. Measured the effectiveness of the intervention.
 - n. Developed a plan for continuous sustained improvement through the intervention.
 - o. Developed a communication plan for the intervention.
 - p. None of the above
 - q. Other: [Short answer]
10. Since completing the course, approximately how many people at your facility have been trained on TeamSTEPPS concepts, tools, or strategies by your change team?
- a. None [SKIP to Q12]
 - b. 1-10
 - c. 11-20
 - d. 21-50
 - e. 51-100
 - f. 101-200
 - g. More than 200
 - h. Don't know
11. Approximately how many health care facilities do these trainees represent?
- a. None
 - b. 1

						answer]	
Repeat response options from Q12 EXCEPT any selected as "N/A - Did not use" or "Don't know"							

14. In which unit or department was each resource used?

Resource	Unit or department [Short answer]	Don't know
Repeat response options from Q12 EXCEPT any selected as "N/A - Did not use" or "Don't know"		

Section 3 of 5: Implementation of Strategies

Please tell us more about your experience either using or helping others use TeamSTEPPS strategies since completing the course.

15. How helpful was each of the following tools or strategies?

Tool/Strategy	Very helpful	Somewhat helpful	Somewhat unhelpful	Not helpful at all	Not used	Don't know
SBAR						
[If 3.0] Call-Out						
[If 3.0] Check-Back						
[If 3.0] Handoff						
[If 3.0] I-PASS						
Brief						
Huddle						
Debrief						
STEP Mnemonic						
[If 3.0] I'M SAFE Assessment						
[If DI] Teach-Back						
Task Assistance						
Feedback						
Assertive Statement						
Two-Challenge Rule						
CUS						
DESC Script						
[If 3.0] STAR						
[If DI] Reflective Practice						
Cross-Monitoring						
TeamSTEPPS Vignettes and Scenarios						

[If 3.0] Coaching						
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16. To what extent was this tool or strategy adopted by staff members?

Tool/Strategy	Fully adopted	Somewhat adopted	Somewhat unadopted	Fully unadopted
Repeat response options from Q15 EXCEPT any selected as "N/A - Did not use" or "Don't know"				

17. How consistently are staff members applying this tool or strategy today?

Tool/Strategy	Very consistently	Somewhat consistently	Somewhat inconsistently	Very inconsistently or never	Unsure
Repeat response options from Q15 EXCEPT any selected as "N/A - Did not use" or "Don't know"					

18. In which setting(s) was each tool or strategy used?

Tool/Strategy	Unit or department [Short answer]	Don't know
Repeat response options from Q15 EXCEPT any selected as "N/A - Did not use" or "Don't know"		

Section 4 of 5: Catalysts and Barriers to Success

Please identify the factors that either helped or prevented the successful implementation of the TeamSTEPPS training program.

19. How **important** was each of the following **catalysts** to the success of implementing the training program?

Factor	Very important	Somewhat important	Not very important	Not important at all	Did not apply
Ample time					
Ample resources					
Consistent information sharing					
Effective communication styles					
Upper management support					
Staff willingness					
Dissatisfaction with current practice					
Desire for improved practice					
Strong coordination and followup with co-workers					
Visible organizational priorities					
Well-managed distribution of workloads					

Continuity in personnel/team					
Harmonious team dynamic					

20. What other factors have helped with implementing TeamSTEPPS concepts, tools, or strategies since you completed the training? **[Short answer]**

21. How **critical** was each of the following **barriers** to the success of implementing the training program?

Factor	Very critical	Somewhat critical	Not very critical	Not critical at all	Does not apply
Lack of time					
Lack of resources					
Lack of information sharing					
Poor communication styles					
Upper management resistance					
Staff resistance					
Comfort with the status quo					
Resistance to change in practice					
Conflicting information					
Weak coordination and followup with co-workers					
Distractions or other organizational priorities					
Work overload or staff fatigue					
Lack of continuity in personnel/team					
Lack of leadership buy-in					
Strained team dynamic					

22. What other factors have prevented the full implementation of TeamSTEPPS concepts, tools, or strategies since you completed the training? **[Short answer]**

Section 5 of 5: Outcomes

Please share more about the changes you have observed firsthand since completing the TeamSTEPPS training program and conducting subsequent implementation activities.

23. To what extent have you noticed improvements in **team leadership** in the following situations?

	Significant improvement	Moderate improvement	Minor improvement	No change	Worsened	Don't know	Does not apply
Patients and families/caregivers are more consistently considered part of the team.							
Staff members understand their roles and							

responsibilities in patient care.							
Staff members share a mental model of the patient's treatment plan.							
Staff members are accountable for their actions.							
Staff members share patient-related information in a timely manner.							
Team resources are used efficiently (e.g., staff, supplies, equipment, information).							
Both clinical and nonclinical staff members understand their role in patient safety.							
Leaders consider staff input when making decisions about patient care.							
Leaders provide opportunities to discuss team performance after an adverse event.							
Leaders ensure that adequate resources are available.							

24. To what extent have you noticed improvements in **communication** in the following situations?

	Significant improvement	Moderate improvement	Minor improvement	No change	Worsened	Don't know
Staff members give each other feedback in positive ways that promotes growth.						
Staff members advocate for						

the patient even when it conflicts with a senior team member's opinion.						
Staff members continue to express concerns about a patient until they're heard.						
Staff members resolve their conflicts, even if they've become personal.						
Staff members explain information to patients and families or caregivers in lay terms.						
Staff members understand how nonverbal cues play a role in their communication.						
Staff members share relevant information in a timely manner.						
Staff members give patients time to ask questions.						
Staff members use common terminology when communicating with each other.						
Staff members call out critical information during emergency situations.						
Staff members follow a standardized method of sharing information when handing off patients.						

25. To what extent have you noticed improvements in **situation monitoring** in the following situations?

	Significant improvement	Moderate improvement	Minor improvement	No change	Worsened	Don't know
Staff members continuously scan the environment for important information.						
Staff members share information about potential risks to the safety and coordination of patient care.						
Staff members consider one another's physical and						

emotional status when communicating.						
The staff meets to reevaluate patient care goals when aspects of the situation have changed.						
Staff members effectively manage tasks to prevent task overload.						
Staff members alert one another to potentially dangerous situations.						

26. To what extent have you noticed improvements in **mutual support** in the following situations?

	Significant improvement	Moderate improvement	Minor improvement	No change	Worsened	Don't know
Staff members resolve conflicts easily about patient care.						
The staff willingly provides task assistance with or without being asked.						
Staff members ask for help when they feel overwhelmed.						

27. To what extent have you noticed improvements to **quality care** in the following situations?

	Significant improvement	Moderate improvement	Minor improvement	No Change	Worsened	Don't know
Ability to address the Joint Commission's patient safety requirements						
Patient satisfaction						
Staff satisfaction						
Organizational culture						
Medication error rate						
Management seeing patient safety as a priority						
Cross-team handoffs						
Patient volume						
Shift handoffs						
Patients noticing teamwork between doctors and nurses						

Patient flow						
Patient complication rate						
Infection rate						
Turnover rate						
Ability to evaluate the effectiveness and sustainability of the TeamSTEPPS interventions						
Providers' involvement in patient safety						
Staff attributing reduced risk of medical errors to the implementation of TeamSTEPPS concepts, tools, or strategies						

28. What other outcomes can you attribute to your participation in the training program or your post-training activities? **[short answer]**
29. Would you be willing to participate in future research efforts to understand the value of the TeamSTEPPS program?
- a. Yes — I consent to being contacted by email for research purposes only.
 - b. No — I do not consent to future contact for research purposes.