How one hospital improved patient safety in 10 minutes a day?
FAQ

Q1. What we mean about safety huddles?

A. Safety Huddles are a brief, focused and structured exchange of information about potential or existing safety risks which may affect patients, staff and any person accessing the healthcare environment. A safety Huddle is not a formal meeting or handover

Q2. Why I should do it?

A. A lot of benefits gained from safety huddles like:

1. Develop on the spot action plans to address safety concerns
2. Provide an update on the action taken on risks previously identified
3. Celebrate successes such as compliments

Q3. What are the types of safety huddles? And When it should be done?

A. **1. Daily shift safety huddle:** Should be scheduled at least twice a day

2. Daily leadership huddles: Should occur at least once per day and to be held after the daily shift huddle

3. Post-event safety huddles: Occur whenever there is a safety incident, near-miss, or major concerning event at another healthcare organization or in the news

Q4. Who should attend?

A. All staff involved in the care of patients, clinical and non-clinical including medical, nursing, allied health, pharmacy, ward clerks, clinical support officers and security staff. It works well for groups of people who work together in a hospital, department, clinic, or any other team environment.

Q5. What can I maintain it?

A. Team agreed ways of working will ensure the effectiveness and sustainability of Safety Huddles. For example, Safety Huddles should be:

1. Held at a consistent time
2. Kept to time Safety Huddles are brief, 15 minutes maximum. The Safety Huddle leader is responsible for keeping the Safety Huddle to time.
3. Held in a consistent location
4. Held standing Remain standing to assist with focus and efficiency
5. Establish a Safety Huddle leader
6. All staff clinical and non-clinical are encouraged to speak up to share their perspective.
7. Closing the loop, which means the process for action is followed after the Safety Huddle so that all action items are assigned by the Safety Huddle leader and accountability is agreed.
8. Develop the script around the three focus areas - Look back, Look forward and Plan.

How one hospital improved patient safety in 10 minutes a day?
FAQ

Q6. What we mean about looking back?

A. Looking back over what is happening over the last 24hrs. (What did we do well? What safety incidents occurred? How have we prevented it/them from being repeated?...

Q7. What we mean about looking forward?

A. looking forward for current duty and the coming 24hrs. (What patient safety issues do we need to be aware of today that will distract us from patient care? Are there any family or HCP concerns? Are there any staff safety issues such as risks posed by patients? How have we mitigated the risks?...

Q8. What should I do at the end of each safety huddles?

A. 1. Follow the unit-specific plan for follow-up of safety concerns
2. Assign accountability using closed loop communication.
3. Track outcomes from actions taken on identified risks.
4. Evaluate the Safety Huddle process

****