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

Quick reference tool

Definition:

Safety team huddles, sometimes known as safety briefings, help organizations create a culture of safety by providing a forum for front line personnel to share safety concerns, develop plans, and celebrate successes. They have been shown to result in system-wide and patient-specific changes that promote safety, and to support teamwork and interdisciplinary collaboration **1, 2, 3, 4**

Huddles also improve efficiencies, quality of information sharing, and accountability. They foster a sense of community and create a culture of collaboration and collegiality that increases collective awareness and capacity for reducing harm. **5**

Safety huddles are short, routine stand-up quick meetings (10 to 15 minutes) of functional groups with key personnel that is typically used once at the start of each workday in a clinical setting for sharing information about potential or existing safety problems facing patients or workers. **1, 4**

Huddles are microsystem meetings with a specific focus, based on the function of a particular unit and team. **2**

When prioritized by multi professional leaders, well designed Hospital safety team huddles provide real time information that improves system wide communication and risk management. This approach reinforces a mechanism to resolve issues before they impact on safety or patient flow. **5**

How is a huddle different from a team meeting?

Huddles are brief, daily discussions that focus on the action plan of the day, rather than solving underlying process problems or broader workflow issues.

Opportunities for improvement that the team identifies in a huddle can be saved for more in-depth discussion in longer team meetings.

Huddles that exceed the allocated time due to extended discussions may benefit from a designated facilitator and indicate the need for additional forums (e.g. departmental meetings) for team members to communicate about these larger issues.

Why should we huddle?

1. Early notification and integration of specific safety or quality initiatives that affect daily work
2. Create an environment in which staff share information without fear of appraisal.
3. Improves process for keeping patients and workers safe
4. Allows full worker participation, collaboration, and engagement in decision making.

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5. Improve communication for a more aligned and engaged workforce.
6. Prioritize and allocate work based on patient and team needs.
7. Prospectively plan for high risk patients or patients who require extra time and assistance.
8. Improve team flexibility and adaptability in handling high patient volume and acuity.
9. Increase safety awareness among front-line staff.
10. Allow teams to develop action plans to address identified safety issues and foster a culture of safety.
11. Ideal for reporting back actions taken on identified concerns.
12. Identifying issues that need escalation to higher-level management for resolution
13. Present opportunities to educate, reinforce and motivate teams on current and future safety initiatives (rapid Plan-Do-Check-Act (PDCA) cycles).
14. Recognizing issues in standard work that can be addressed by training, coaching, and revising tools and methods

Who attends a safety huddle?

Safety huddles work well for groups of people who work together in a hospital, department, clinic, or any other team environment. They should be designed so anyone in a team leader position can call for and facilitate them.

Frontline staff are a key participant. For leadership huddles, a high-level leader such as the chief nursing officer (CNO) or Chief Medical Officer CMO) should lead. If this person is not available, he or she should assign a representative to lead.

Consider the purpose of the huddle in your department/ clinic or any other team environment and how it could be most useful for your team. Ideally, all team members who are involved with the unit should be invited and included.

Resources shared across teams such as case managers or pharmacists, can rotate among huddling teams to quickly touch base on issues for patients that day.

What are the types of Safety Huddles? And when should be occur?

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

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Topics Usually Addressed in Safety Huddles?

1. Events in the past 24 hours
2. Events of impact in the next 24 hours & plans in place
3. High-acuity patients
4. Issues for Reporting
5. Anything new! – Surgical procedures, policies, physicians, equipment, medications, new unit or service
6. Medication shortages/action plans / events
7. Issues that could lead to errors – Changing meds in Pyxis – is staff familiar w/change? – Patients with special needs – Peaks in census/acuity – Staffing issues – Changes to computer system – New physicians – orders that are new/unfamiliar – Disruptive behavior from HCP that impedes communication
8. Information Technology
9. Patient safety events/potential safety events – Unanticipated deaths – Falls – Medication errors – Adverse drug reactions – VAP, CAUTI, CLABSI, C-diff –Skin breakdown – Unexpected injuries – burns, malfunctioning equipment –Patients w/behavioral care/addiction concerns or issues – e.g., violence, elopement, detox, etc.
10. Facility/environmental issues : Critical equipment breakdowns , Leaks , Medical gas or vacuum outages, raining, floods, fire….
11. Employee safety issues/accidents: Exposures to infectious disease, Combative patients/assaults/ violence
12. Patient/Family complaints
13. Issues in unit supportive services (Radiology, Blood bank, lab,…)

Where should safety huddles be held?

Safety huddles should be held in a central location that is convenient for all team members to attend and talk freely about patients, but does not interfere with ongoing activities.

Successful strategies include holding huddles near learning or safety-boards where the latest safety information is posted.

The person who is leading the discussion should have access to a computer to walk the team through important patient issues that they can expect to encounter.

It is okay for people to be standing during a huddle; in fact, this can help maintain focus and encourage efficiency during the meeting.

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What are the characteristics of successful safety huddles?

1. Teams design and agree how it will work in their area
2. Teams are empowered and encouraged to speak up.
3. Use a tool to standardize safety huddle questions and discussions on safety risks and to track identified safety concerns.
4. Staff agree on focus of harm for example: falls, pressure ulcers, etc.
5. Review of days since last harm – keeps staff motivated.
6. Visualization of patient harm are encouraged to be displayed via boards
7. Discuss those cases at highest risk.
8. Consider ways to input patient and staff concerns.
9. Huddles held in the spirit of learning and improvement.
10. Drive the process to close the loop & hold assigned problem-solvers accountable
11. Communicates the urgency of resolving safety issues and critical situations
12. Allows the team to plan for the unexpected
13. Allows team members' needs and expectations to be met
14. Uses concise & relevant information to promote effective communication across departments
15. Establish a standing time and schedule the time on your calendar and hold to it
16. Include individuals who know the status of operations in their areas of responsibility
17. Keep it short! 15 minutes at most ("stand-up meeting")
18. Keep notes on identified issues – assign owner for each - review them daily until loop is closed
19. **LOOK BACK :LOOK AHEAD: FOLLOW UP:**

How to have a best huddle?

Traditional Huddles	Best Huddles
Manager / team leader designs agenda	• Team designs agenda
Manager / team leader talks for the full huddle	• Staff brief the group on current patient issues/ operations • Manager coaches • Manager facilitates and troubleshoots at the end of the huddle
Topics aren't meaningful or engaging to everyone	• High attendance because the huddle engages staff with meaningful information • Often includes a good safety catch story or "win" with a patient
Huddle get too long (>10 min)	• Post announcements making sure that staff know where to find them • Do not use huddles as a staff education session (save this for staff meetings)
Manager / team leader doesn't sustain because it's not an instant success	• Keep initial huddles brief and useful • Keep the huddle going even if few can attend • Scope the data topics or PI moments small in scope • Seed a good story from a staff member the day prior • Expect multiple PDSA cycles

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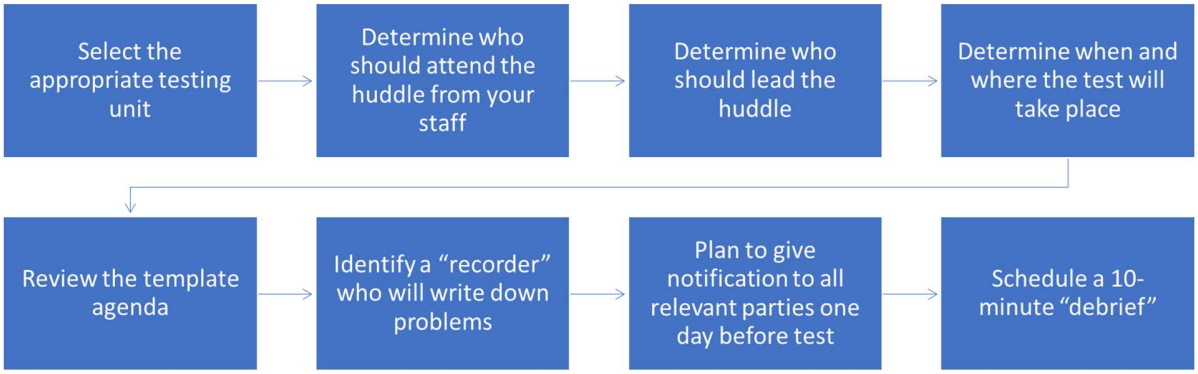
What to have in your Huddle Agenda?

1. Safety concerns observed in past day
    - **A.** Patients
    - **B.** Staff
    - **C.** Physicians
2. Issues for today
3. Review of tracked issues
4. Input from staff
5. Announcements

What to Consider for Your First Test!!!



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