

This quarter's focus is:
SAFETY HUDDLES:
**How to communicate about
key safety issues when time is short**



The number one leading cause of all medical errors leading to injuries is communication. In particular, miscommunication or simply the failure to provide an uninterrupted moment to communicate key upcoming issues is the biggest missed opportunity for managers in a clinical setting.ⁱ One tool used by the front line team is the “huddle.” The Institute for Healthcare Improvement (IHI) defines a huddle as a short stand-up meeting — 10 minutes or less — that is typically used once at the start of each workday, or shift in a clinical setting.ⁱⁱ The purpose of a huddle is for a group or team of healthcare providers to highlight important issues related to specific concerns or immediate needs of patients. A review of key safety and quality measures should also be included. During the huddle the staff

communicates in person and directly with one another. Huddles not only enable the team to look back at what has occurred, but also provides a way for all staff to voice concerns proactively.

The COVID-19 surge has changed the healthcare landscape not only for patients but also for physicians, front line healthcare providers and the management team. With staffing shortages and an influx of temporary or traveling staff, many of the clinical providers may not be fully aware of the policies and procedures related to a specific unit or institution. It is critical that staff proactively address over the course of a few minutes what their concerns are, identify the challenges ahead and most importantly, determine who the key person is in their chain of command to go to when there is an urgent situation.



EXAMPLES OF HOW A SAFETY HUDDLE CAN BOOST COMMUNICATION IN DIFFERENT TYPES OF HEALTHCARE SETTINGS.

▪ The inpatient nursing unit:

Nurses can review high-risk issues on their unit e.g. fall interventions, a particularly challenging or critical patient, equipment issues, or where assistance may be needed for certain procedures. The informal meetings should occur at shift change. They are led by a charge nurse who can then make sure the team members know who to go to in the event of an urgent concern.



▪ An outpatient clinic:

The safety huddle should include all staff: CMAs, nurses, front desk staff, advanced practice providers and physicians. Review the patients that are scheduled for the day to determine what procedures might need to be completed, which patients might have special mobility needs, or safety issues that could come up. Determine if there is a capacity to incorporate urgent patients to be seen and when that would be. Identify shortages in equipment, medicines, etc.

By creating a routine whereby the huddle is the norm, then each member of the team can take a proactive approach in identifying and communicating certain issues before they arise.

Communication in the form of a daily huddle is one of the most effective tools for patient safety. IHI determined that the key to sustaining improvement in a healthcare setting must occur with the frontline managers.ⁱⁱⁱ The Joint Commission, reported that in one study after the implementation of a safety huddle, a hospital demonstrated that over 97% of staff considered the safety huddles useful in improving patient safety and over 90% of staff believed that the in-person huddles were better than receiving the information electronically.^{iv} Not only did the communication in the safety huddle improve staff satisfaction and show a decrease in adverse events, but the communication in the huddle also created an environment where staff began to identify new safety measures for patients that the hospital deemed “priceless.”

REFERENCES

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- ii. <http://www.ihi.org/resources/Pages/Tools/Huddles.aspx>
- iii. <http://www.ihi.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx>
- iv. <https://www.jointcommission.org/resources/news-and-multimedia/blogs/improvement-insights/2020/11/daily-safety-briefings-in-pediatric-emergency-department/>

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