

Safety Huddles: Safer and Better Together

Jennifer Steiner, MSN, RN
 Arlene Rankin, MSN, RN
 Ava Hidrosollo, BSN, RN
 Cherilyn Campbell, MSN, RN



BACKGROUND

Huddles on Med-Surg 1400 have historically been used to pass along notifications and announcements and were not patient or staff centric. Upon performing a needs assessment, the Unit Based Council on MS 1400 received feedback that staff experienced anxiety and concern due to unanticipated changes in assignments and patient conditions. Staff also expressed a desire to be more aware of safety issues of all patients, such as high fall risk patients and behavioral concerns. To address this need, daily shift safety huddles were created and implemented. Led by the charge nurse, daily shift safety huddles provide an opportunity for the charge nurse and staff (nurses and CNAs) to share real-time safety concerns that are facing patients and/or staff. Transparent conversations and the leadership's (charge nurse, manager) prompt response to the frontline staff's concerns build trust, improve team-based solutions and lead to positive safety outcomes (Aldawood et al., 2020). Recent successful outcomes and leading examples of staff could also be celebrated during the safety huddles as a means to empower and continue the culture of safety (Wagner et al., 2015).

PURPOSE

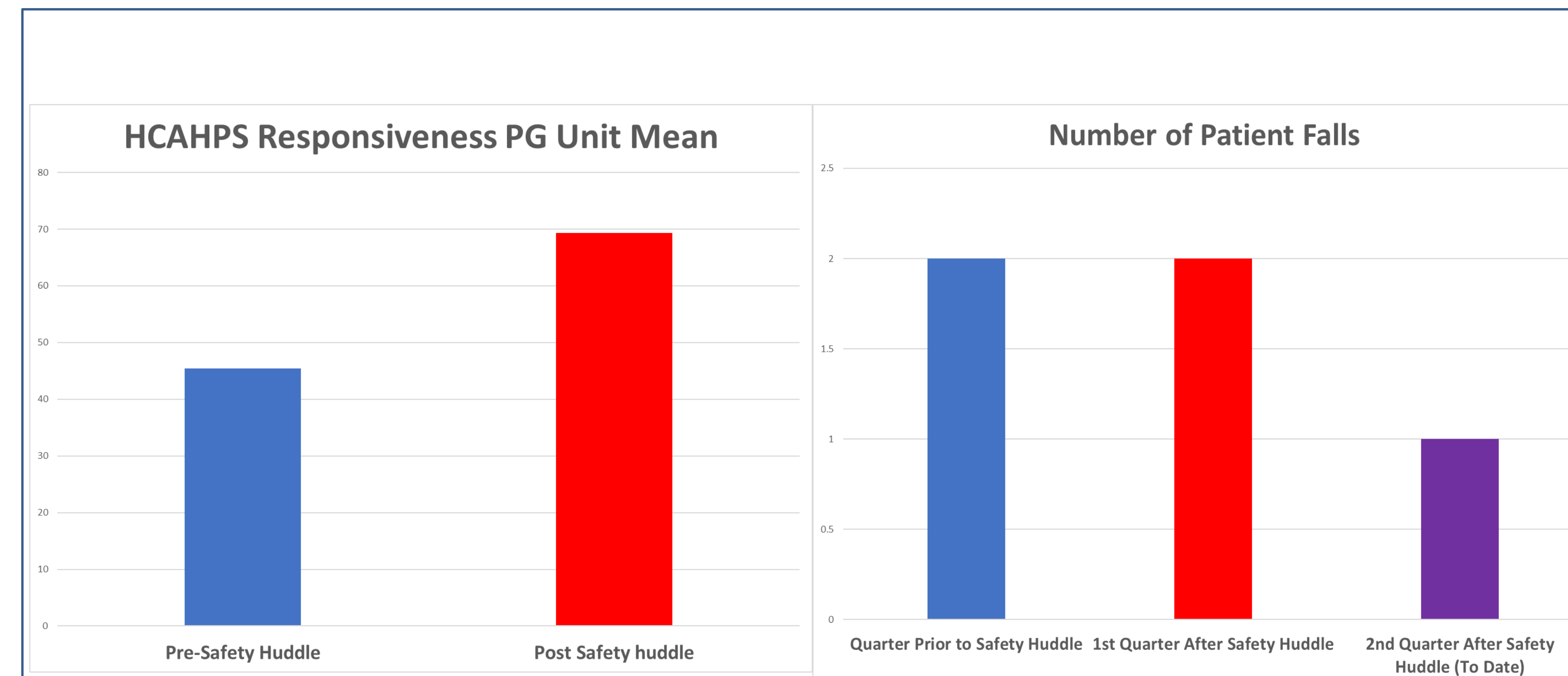
The Unit Based Council on Med-Surg 1400 initiated daily shift safety huddles in March 2021, in an effort to promote shared awareness within the unit, increase staff morale and empowerment, and maintain a culture of safety. One specific component mindfully added to the safety huddle is "No Patient Left Behind," an initiative promoted by UMC'S CNO, Debra Fox, requiring identification and extra attentive care of high fall risk patients. These patients are identified and communicated to the entire staff during the safety huddle as to never be left alone or "left behind" when out of bed.

METHODS

At the beginning of each shift, the charge nurse leads the staff (RNs and CNAs) using a template as a guide regarding the unit's census and safety status. This information includes anticipated admissions, discharges, change in staffing, current restraints, sitters, and "No Patient Left Behind" fall risks. The template was created by the UBC after evidence based practice found in various professional journals. At the end of the safety huddle, each staff member is given an opportunity to voice any recent or potential safety concerns. Then as a team, the staff and charge nurse decide upon a closed-loop resolution to address those concerns. To assess the effectiveness of this practice, a short pre and post survey of questions were given to every nurse and CNA.

UMC MS 1400 Daily Shift Safety Huddle	
Date & Shift: _____	
Charge RN: _____	
The facts:	
Last date of CLABSI	Last date of FALL
Last date of CAUTI	Last date of HAPU
CENSUS	
Admissions/Discharges/Transfers (Which rooms)	
Restraints or sitter (Which rooms)	
Anticipated changes in staffing during shift	
HIGH fall risk "No Patients Left Behind" (Which rooms)	
Safety Message of the Month:	
Situational Awareness: Round Robin: Staff bring up any recent safety concerns	
Safety concern	
Actions to be taken (Close the loop)	
Follow up needed? (Close the loop)	
Escalate?	

UMC MS 1400 (EXAMPLE) Daily Shift Safety Huddle	
Date & Shift: 3/7/2021; PM	
Charge RN: Arlene	
The facts:	
Last date of CLABSI	Last date of FALL
Last date of CAUTI	Last date of HAPU
CENSUS	
Admissions/Discharges/Transfers (Which rooms)	1408 (A), 1409 (D) and then (A) 1410 (E) (Or refer to assignment sheet)
Restraints or sitter (Which rooms)	1442 (B) 1432 (S) (Or refer to assignment sheet)
Anticipated changes in staffing during shift	1434 - 2 Fresh Transplants tonight 1437 - 1:1 break/nap at midnight
HIGH fall risk "No Patients Left Behind" (Which rooms)	1401, 1405, 1409, 1411, 1433, 1438;
Safety Message of the Month: CAUTI - Take CAUTION to prevent UTI	
Situational Awareness: Round Robin: Staff bring up any recent safety concerns	
Safety concern	S WOVs, linen carts in the hallway creating obstacle for patients ambulating
Actions to be taken (Close the loop)	A Take WOVs into nursing stations, supply rooms, end of hallways that are out of the way for patients ambulating. Move linen carts promptly back into the pt rooms or into dirty utility room
Follow up needed? (Close the loop)	F Observe throughout the shift and help move or remind each other to move things out of the way
Escalate?	E If no improvement/staff not cooperative



RESULTS

First, the survey results quantified the staff's perceptions on the impact of safety huddles pertaining to the culture of safety on the unit, understanding the current needs on the unit, feelings about teamwork, and feelings of empowerment. Overall, the results have been positive. The post safety huddle implementation survey showed that staff's perception of a strong safety culture on the unit increased by 18%. The staff's perception that the safety huddle provides a better understanding of the unit's safety needs increased by 9%. The staff's perception that the safety huddle facilitates better teamwork increased by 12%. The staff's perception that the safety huddle empowers them to make a difference on the unit increased by 10%.

Second, in the HCAHPS survey's "responsiveness of hospital staff" category, the unit mean for pre implementation was 45.39. The unit mean for post implementation was 69.32. This shows an increase by 23.93.

Lastly, the number of falls during the quarter pre implementation and the quarter post implementation was 2. The number of falls in the second quarter post implementation was 1. The improvement in the second quarter suggests that there could be continuing improvement in the quarters going forward.

CONCLUSIONS

Based on the survey results, the staff finds the daily shift safety huddle to be a helpful communication tool that addresses the safety needs of everyone on the unit – the patients and the staff. In addition to the survey results, informal verbal feedback to UBC revealed a decrease in anxiety and concerns that once accompanied unanticipated changes and challenging patient safety conditions that arose during the shift. Moving forward, the UBC and the unit manager will continue to gauge the success of the safety huddle through informal interviews with staff, and by monitoring the HCAHPS survey mean with the goal of exceeding the magnet mean.

Other areas for growth lie within the staff.

Consistent use of the huddle template by every charge nurse

Help staff have the same expectations regardless of shift or charge nurse

Staff's hesitancy to voice concerns during the huddle could be addressed with

Charge nurse's embracing demeanor

Celebration of recent safety successes

Atmosphere of support without criticism

REFERENCES

References available upon request.

