

Safety Huddles: Bringing fun to the frontline and reducing harm



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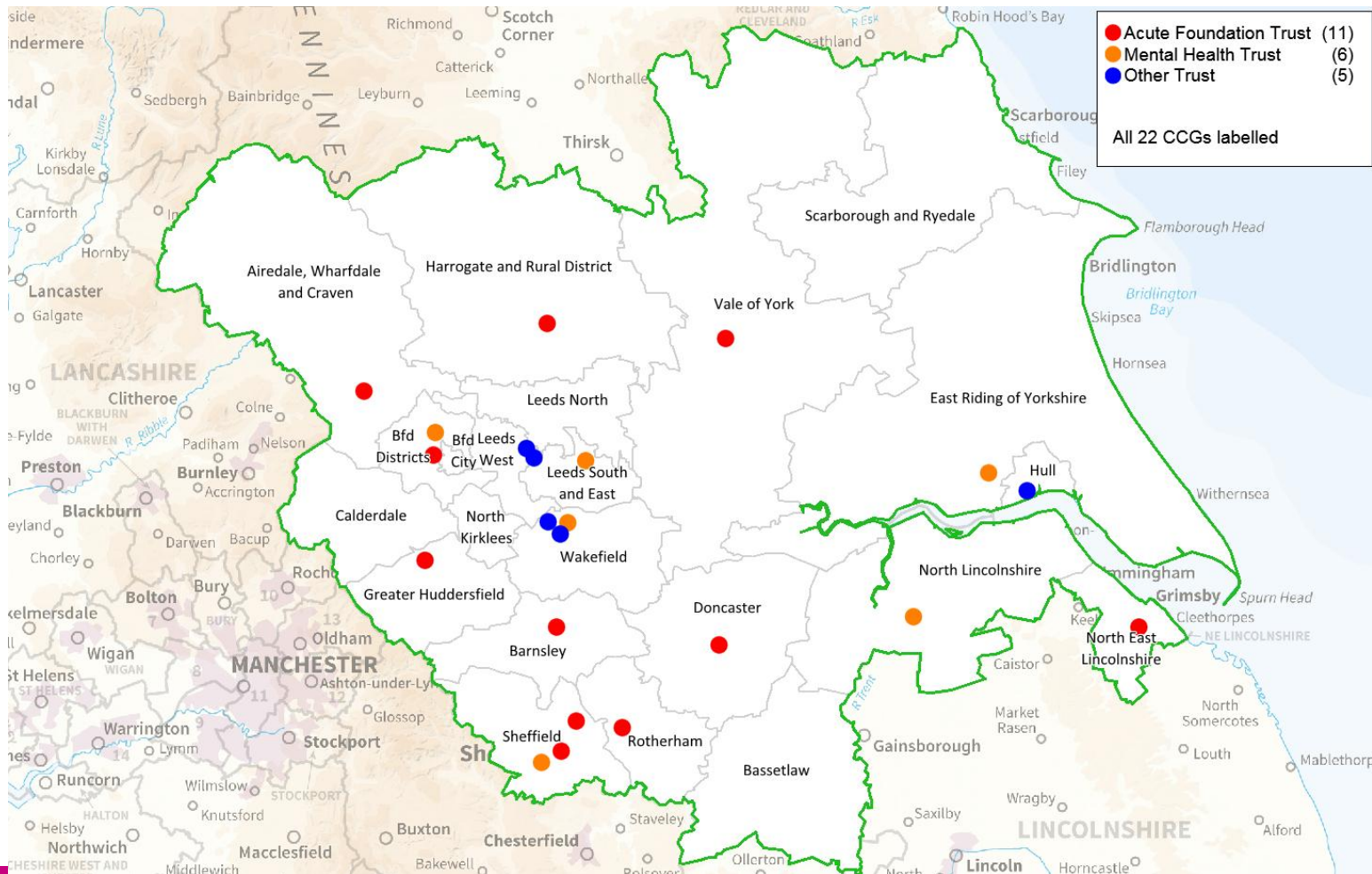
Consultant Medicine For Older People, Leeds Teaching Hospitals



Outline



- Background to the IA
- What is a huddle
- Our huddles learning and impact in the region so far
- Steps to getting started



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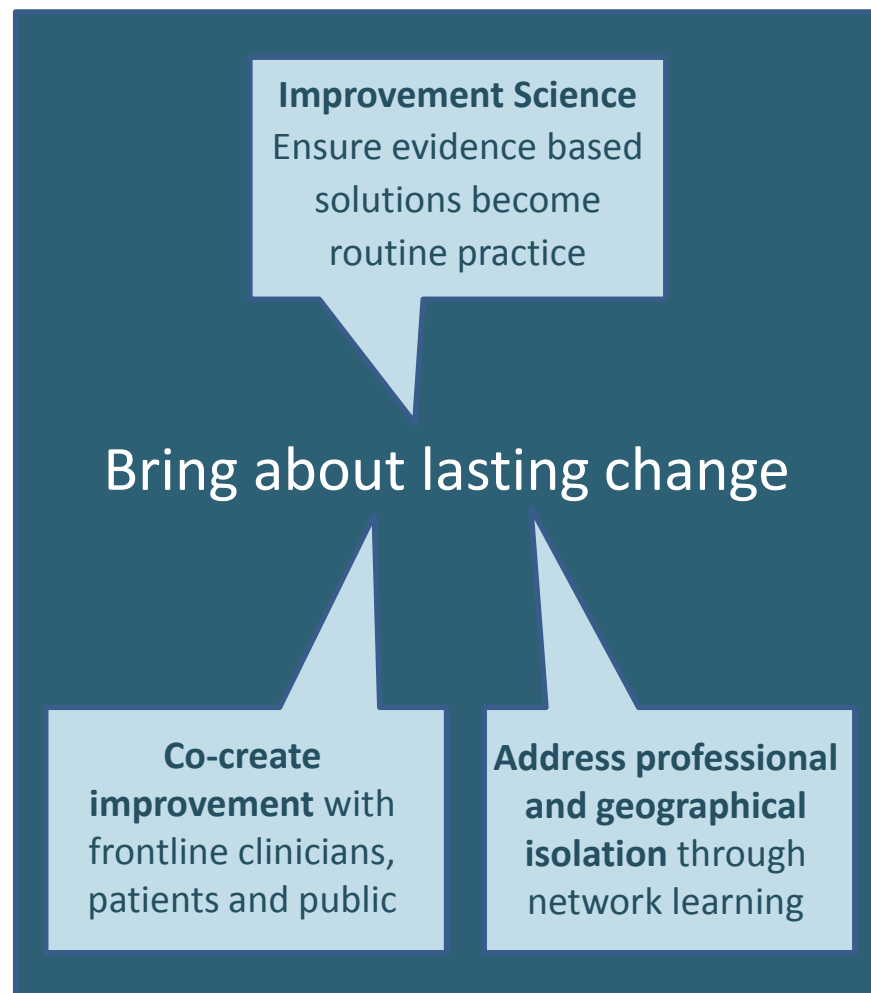
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What does the IA Do?

Part of the Yorkshire & Humber AHSN

Established May 2013

‘A team of improvement scientists, patient safety experts and clinicians who are committed to working with frontline services, patients and the public to deliver real and lasting change for the region.’

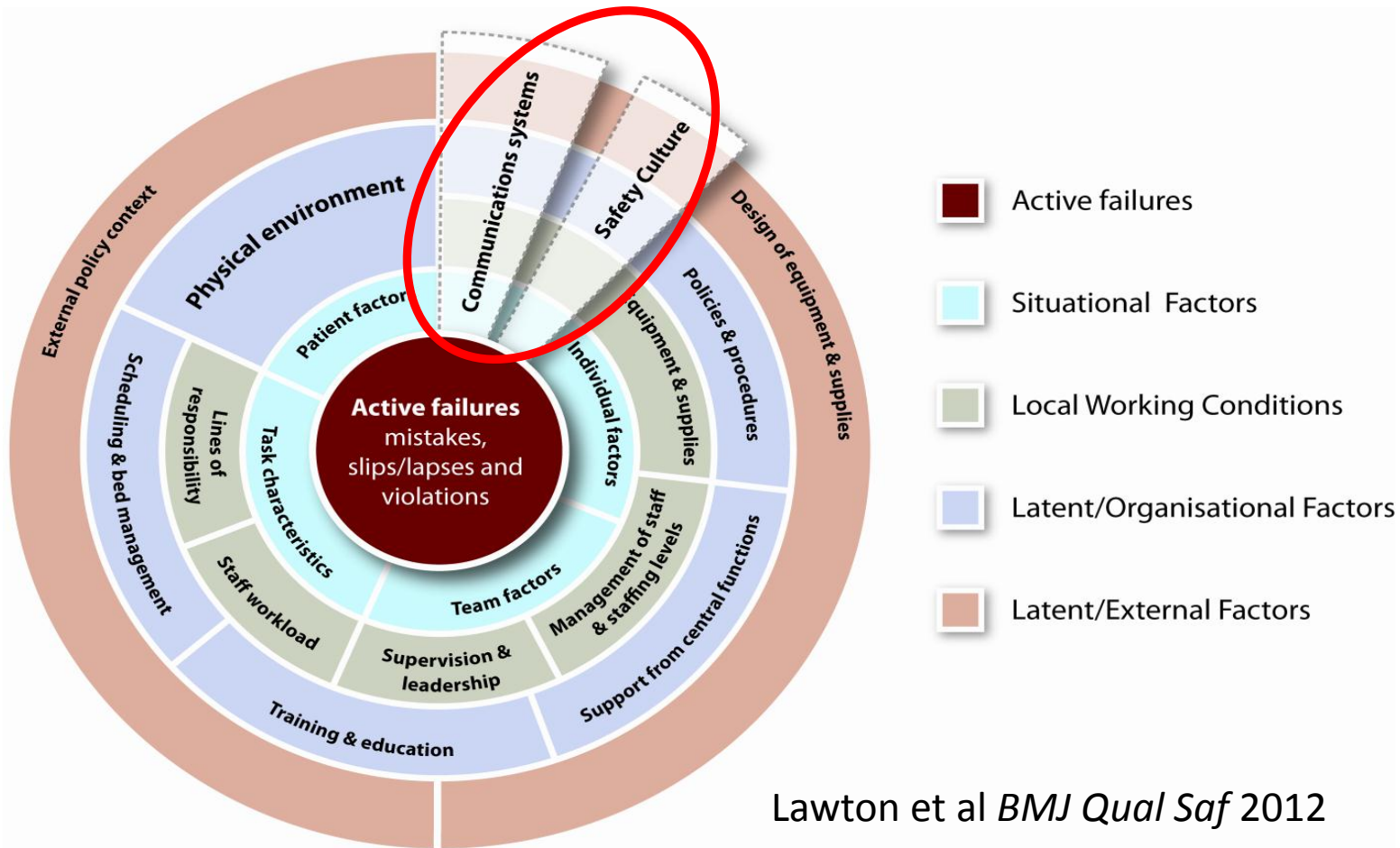


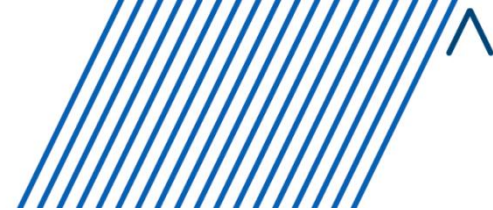
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Yorkshire Contributory Factors Framework





Huddling for high reliability and situation awareness

ORIGINAL RESEARCH

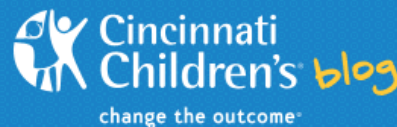
Linda M Goldenhar,¹ Patrick W Brady,^{2,3} Kathleen M Sutcliffe,⁴
Stephen E Muething¹

ABSTRACT

Background Studies show that implementing huddles in healthcare can improve a variety of outcomes. Yet little is known about the mechanisms through which huddles exert their effects. To help remedy this gap, our study objectives were to explore hospital administrator and frontline staff perspectives on the benefits and challenges of implementing a tiered huddle system; and propose a model based on our

opportunities to stay informed, review events, make and share plans for ensuring well coordinated patient care.

Studies show that huddles can improve patient safety¹⁻⁴ and can reveal factors that contribute to potentially adverse patient outcomes, such as medication errors, near misses and poor hand hygiene.⁵ They can provide a venue for raising concerns, increase efficiency of



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“Hospital Safety Huddle” Praised By Scottish Health Secretary

By: [Cincinnati Children's News Team](#) on November 14, 2014

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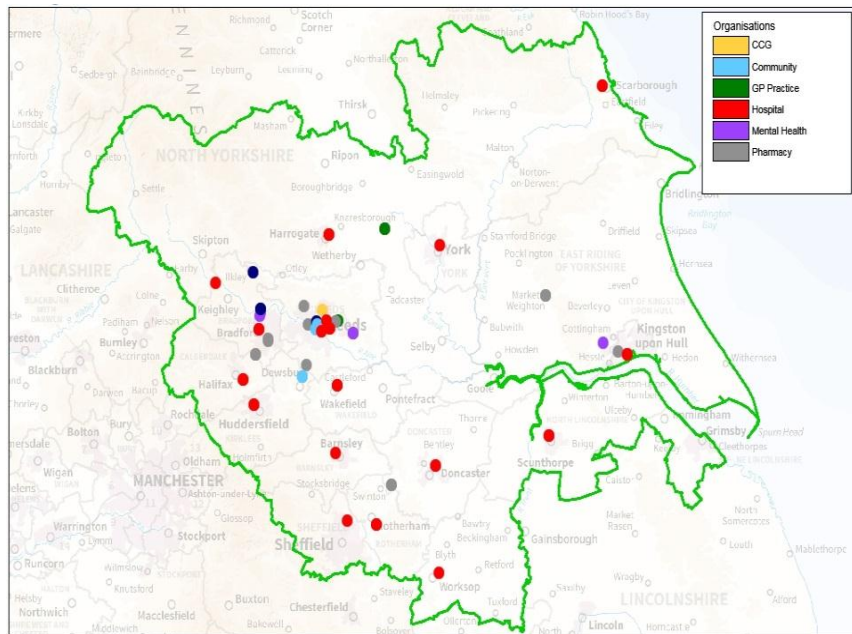
Cincinnati Children's pioneered the "hospital safety huddle" in the U.S. The practice has been



One day One ward in Yorkshire 2013

IA Spread 2014-present:

- ▶ 1-3+ frontline teams in every Y&H Trust
- ▶ over 150 frontline teams huddle daily:

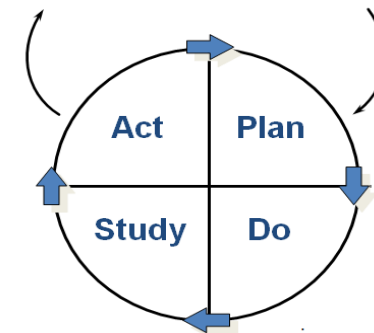


Model for Improvement

What are we trying to accomplish?

What change can we make that will result in improvement?

How will we know that a change is an improvement?



At scale across whole organisations 2015-present:

- ▶ Barnsley, Leeds, Scarborough- 139 wards (supported by Health Foundation)
- ▶ Plus: Airedale, Rotherham, Pinderfields, Harrogate, Bradford District

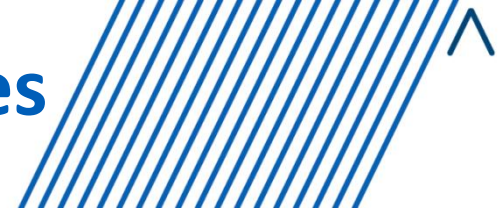
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Patient Safety Huddles

Key Characteristics



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- **Informed** by QI tools and visual feedback
 - ▶ Review of days since last harm
- **Focused** meeting about one or more agreed patient harm
 - ▶ Who are the patients most likely at risk of harm?
- **Agreed actions**
 - ▶ set of team/individual actions (aimed at reducing risk of patient harm)
- **Multidisciplinary** frontline team invited to attend
 - ▶ including non-clinical
- **Senior clinical leadership**
 - ▶ **Non-judgemental environment** and **all team staff** empowered to speak up
- **Daily** (Monday - Friday as minimum)
 - ▶ **Predictable time and venue** (appropriate to team and context), **Brief** (5-15 mins)
- **Celebration and recognition of milestones**

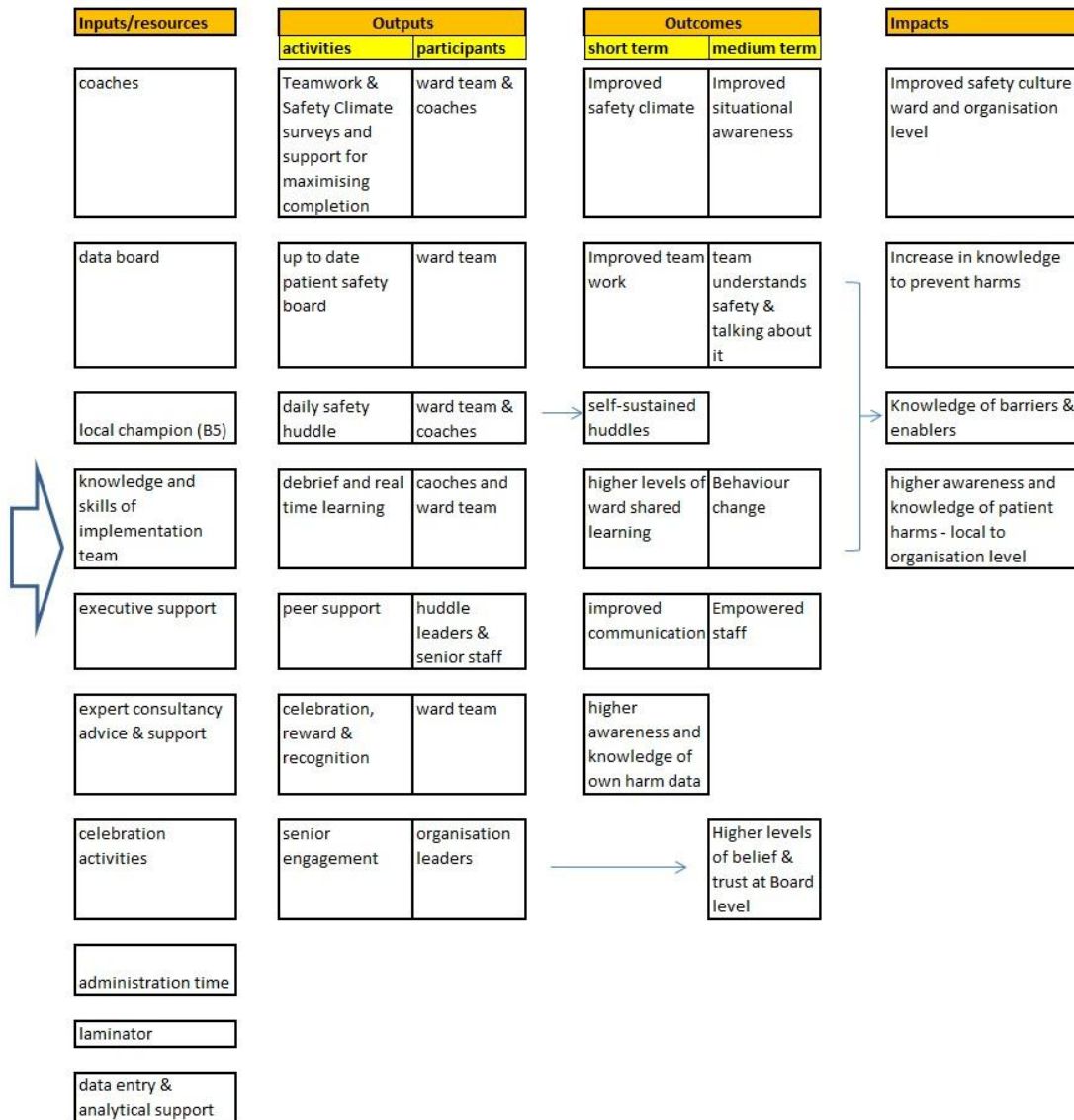


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Enhanced teamwork and safety culture on wards



A Huddle example

Focus on Falls

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- **How many days since our last fall?**
 - ▶ Celebrate milestones e.g. 10,20, 30 days
 - ▶ If recent, what was the learning, could we have done anything differently?
- **Who are we really worried about falling today?**
- **What are we going to do as a team to prevent the patient falling?**
- **Review the “bigger picture”** – location of patients, staffing, cohorting
- **Are there any other concerns today?**

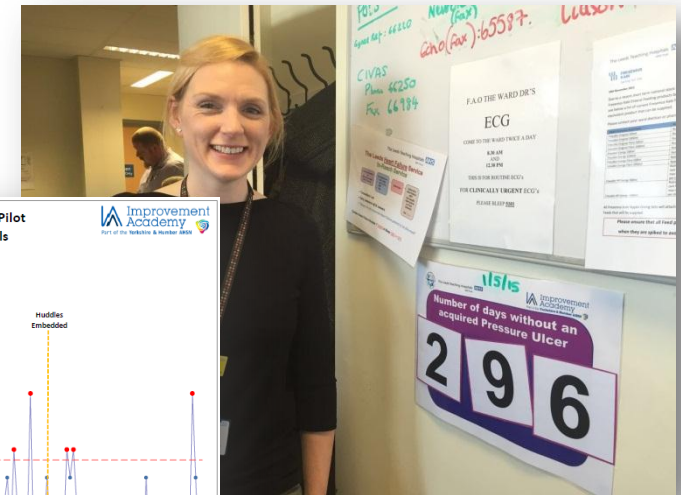
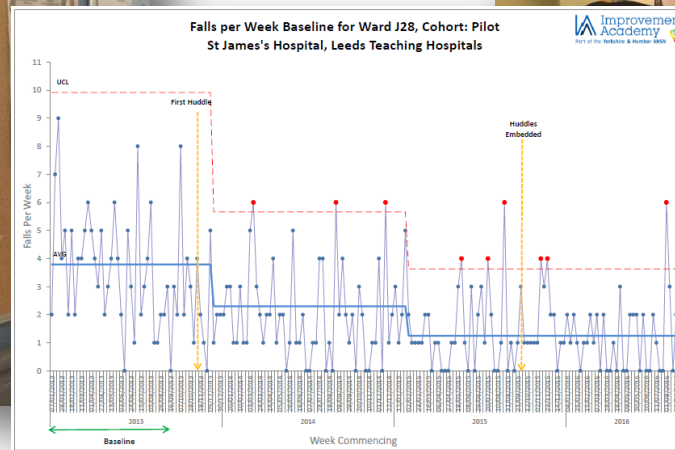
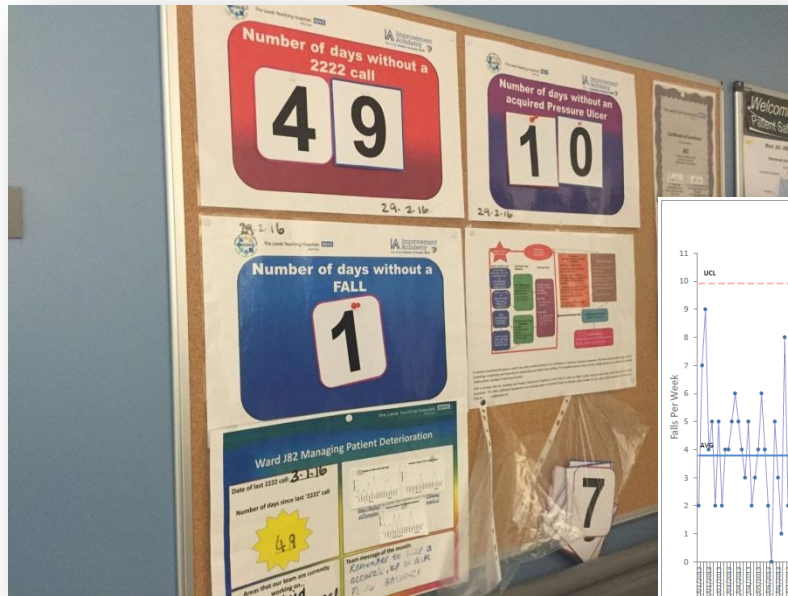


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Making measurement visible



“We are achieving results now, that none of us thought were possible 12 months ago”

Consultant Medicine for Older People, LTHT

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The Safety Huddle.... ignites a spirit of learning



Brings the team together to act:
Own the data, own the actions and anticipate



Addressing teamwork & safety culture



Date:

Improvement Academy
Part of the Yorkshire & Humber AHSN

Teamwork and Safety Climate Survey

Please answer the following items with respect to your specific unit or clinical area.
Choose your responses using the scale below by placing "X" in the relevant box:

	A	B	C	D	E	F
	Disagree Strongly	Disagree Slightly	Neutral	Agree Slightly	Agree Strongly	Not Applicable
TEAMWORK CLIMATE						
1. Nurse input is well received in this clinical area.						
2. In this clinical area, it is difficult to speak up if I perceive a problem with patient care.						
3. Decision-making in this clinical area utilises input from relevant personnel.						
4. The doctors and nurses here work together as a well-coordinated team.						
5. Disagreements in this clinical area are resolved appropriately (i.e., not who is right, but what is best for the patient).						
6. I am frequently unable to express disagreement with the medical staff here.						
7. It is easy for personnel here to ask questions when there is something that they do not understand.						
8. I receive the support I need from other personnel to care for patients.						
9. I know the first and last names of all the personnel I worked with during my last shift.						
10. Patient issues are well communicated at shift changes.						
11. Having personnel before the start of a shift (i.e. to plan for possible emergencies) is important for patient safety.						
12. Incidents are common in this clinical area.						
13. I am satisfied with the quality of collaboration that I experience with medical staff in this clinical area.						
14. I am satisfied with the quality of collaboration that I experience with nurses in this clinical area.						
SAFETY CLIMATE						
15. The staffing in this clinical area are sufficient to handle the number of patients safe being treated here as a patient.						
16. I am encouraged by my colleagues to report any patient safety concerns I may observe.						
17. I frequently disregard rules or guidelines (e.g. hand washing, treatment protocols, pathways, sterile fluid, etc.) that are established for this clinical area.						
18. This clinical area makes it easy to learn from the errors of others.						
19. I receive appropriate feedback about my performance.						
20. Errors are handled appropriately here.						

U01_Teamwork_Safety_Climate_Survey_v3.3_MAIN

PTO →

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The Safety Huddle ... ignites a spirit of learning

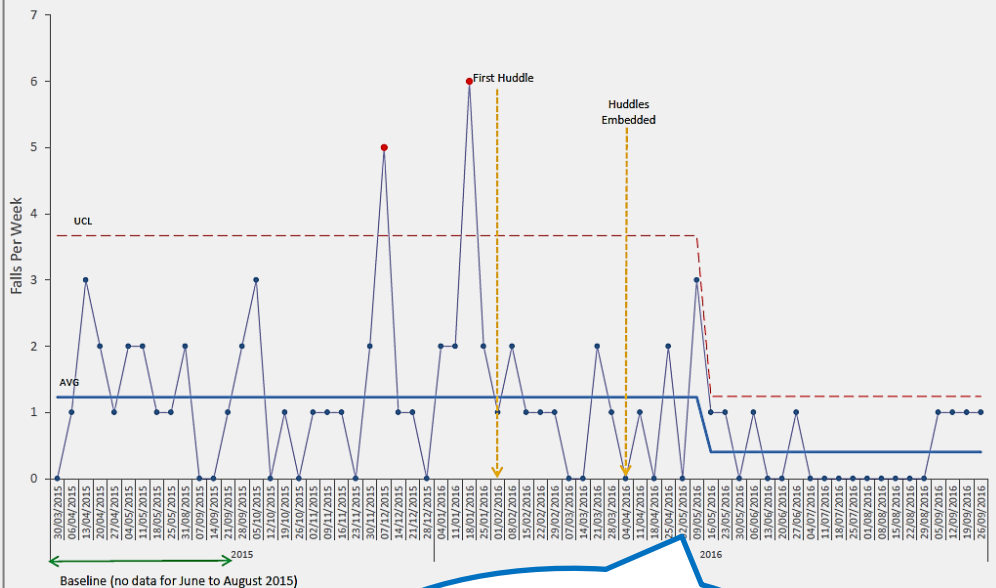
*** Celebrating Success ***



Evidence of Impact Falls

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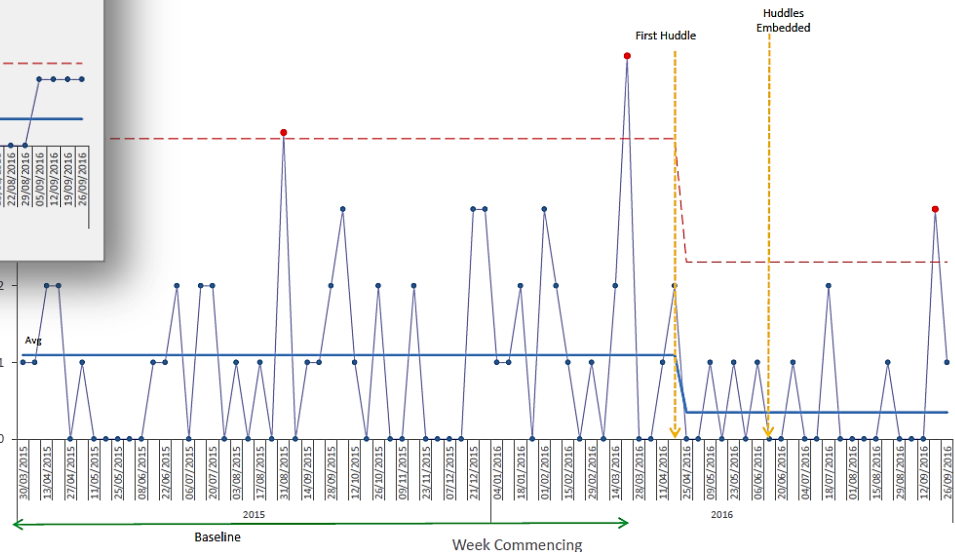
Falls per Week for Ward J42
St James's University Hospital, Leeds Teaching Hospitals



Average down from
1.1 falls pw to 0.4
(64% reduction)

Average down from
1.2 falls pw to 0.4
(67% reduction)

Falls per Week for Ward J92, Cohort: 8 (Mar 2016)
St James's University Hospital, Leeds Teaching Hospitals



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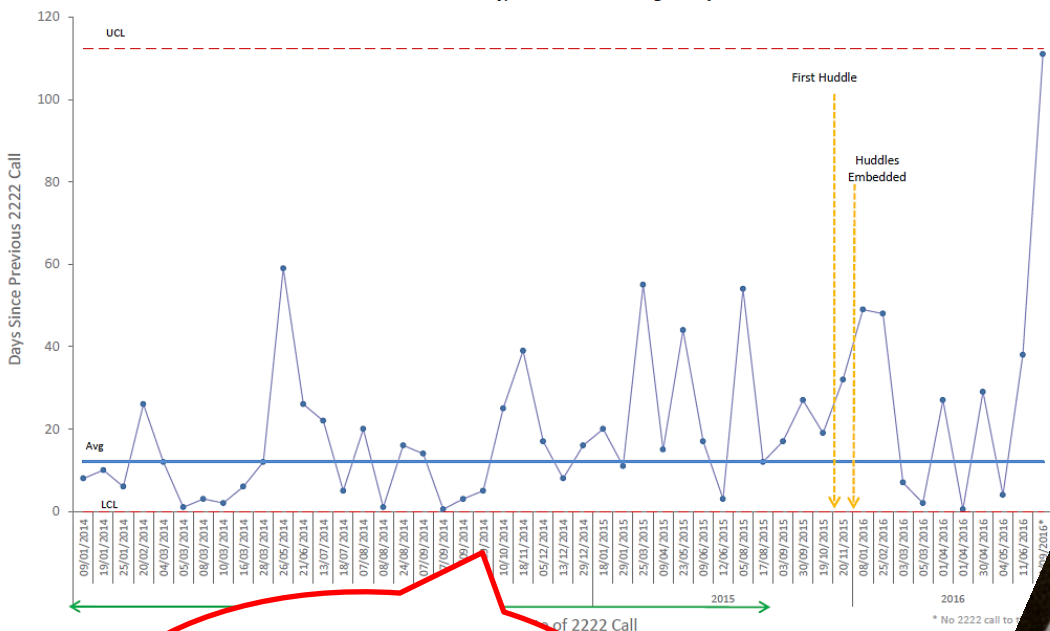
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Evidence of Impact

2222 calls

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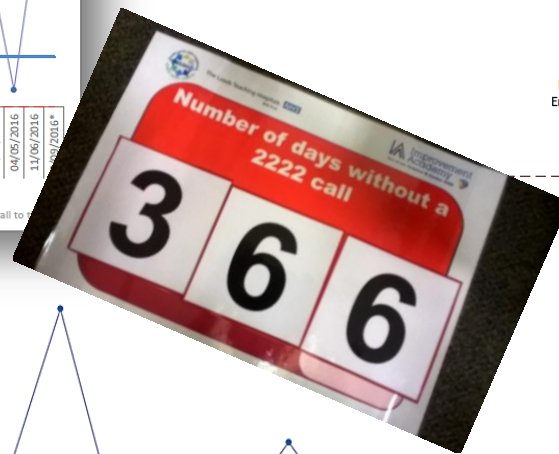
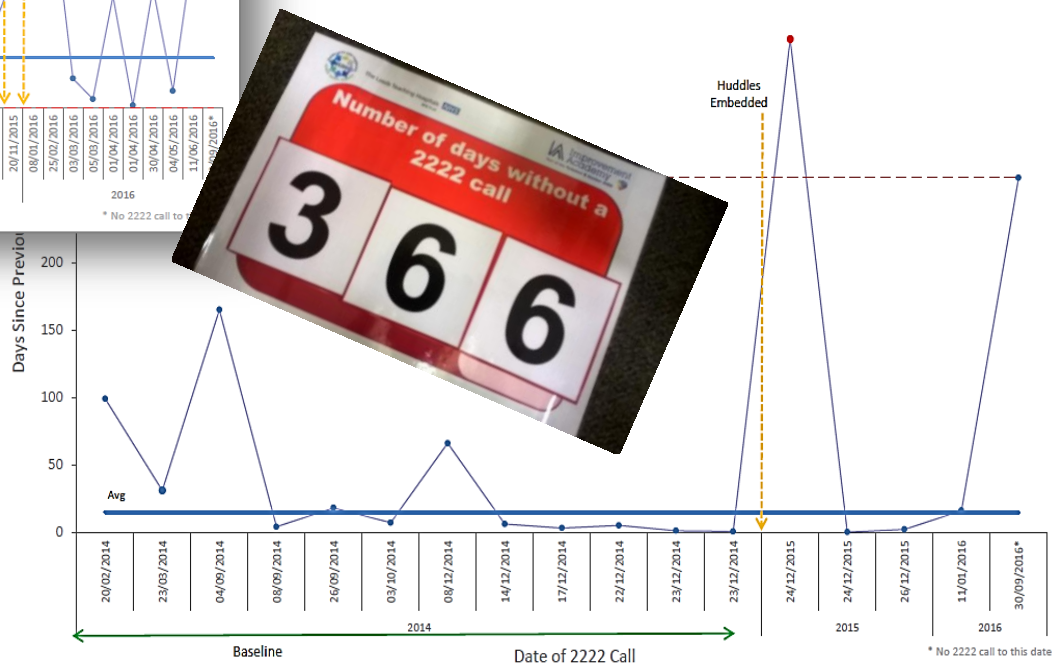
Days Between 2222 Calls - Ward L19
Leeds General Infirmary, Leeds Teaching Hospitals



Achieved over 1 year
between calls
(previous average 29
days)

Highest days between
2222 call after huddles
= **124 days!** (previous
average 17 days)

Days Between 2222 Calls - Ward L37
Leeds General Infirmary, Leeds Teaching Hospitals



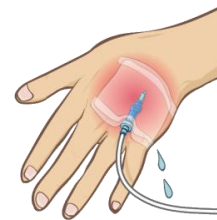
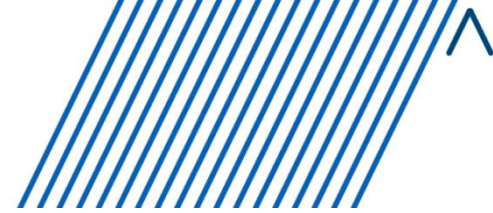
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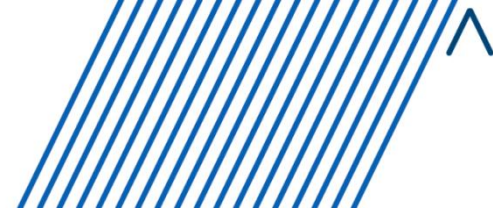
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Huddles in other areas

- Snowflake alert for infection risk
- Virtual huddle – district nursing team
- Mental Health – violence and aggression
- Paediatrics – line infections
- Portering and radiotherapy huddles



What impact can a huddle have?



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Evidence of Impact Culture

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Change in Question Scores between First and Second Survey, J22 Chancellor Wing, Leeds Teaching Hospitals



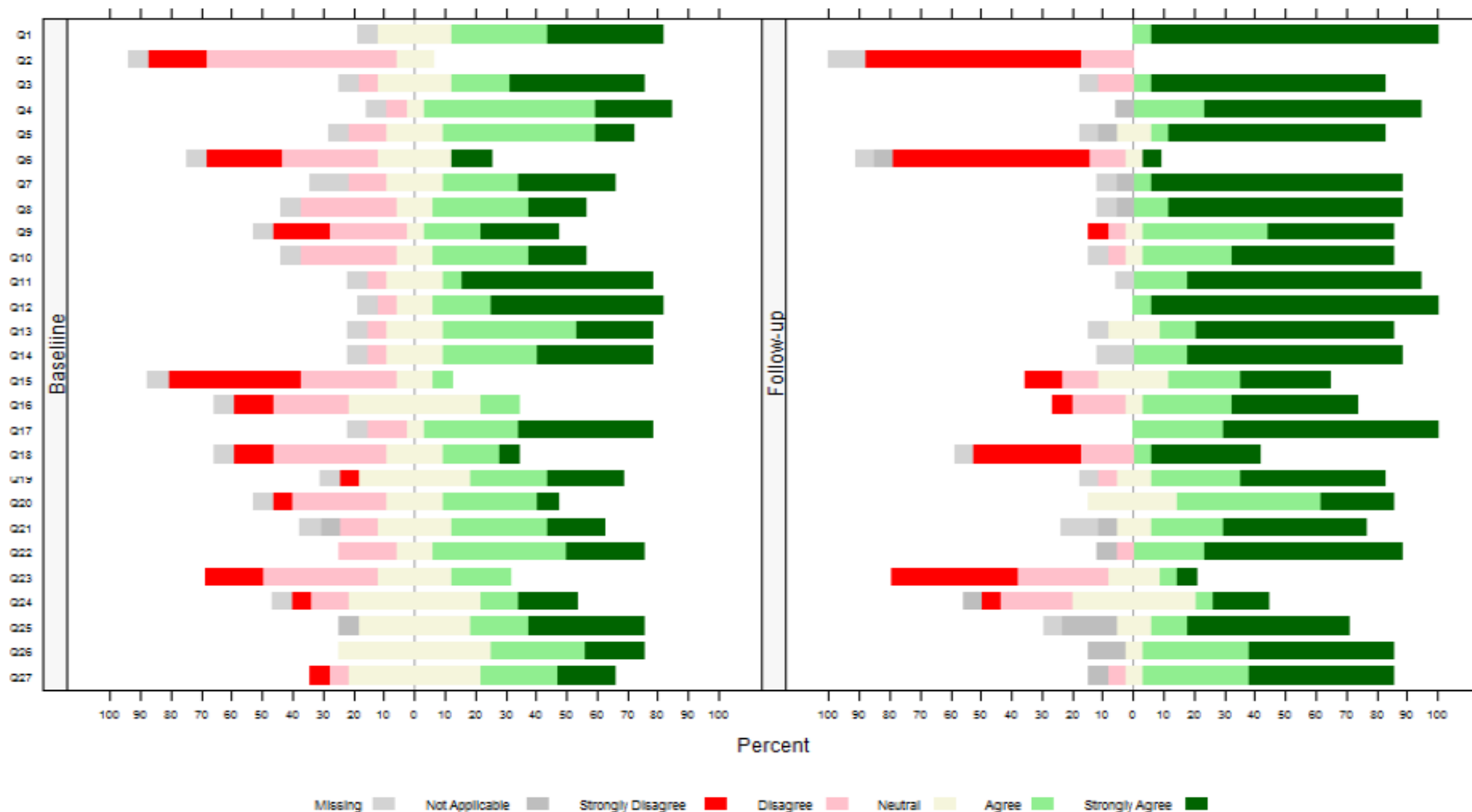
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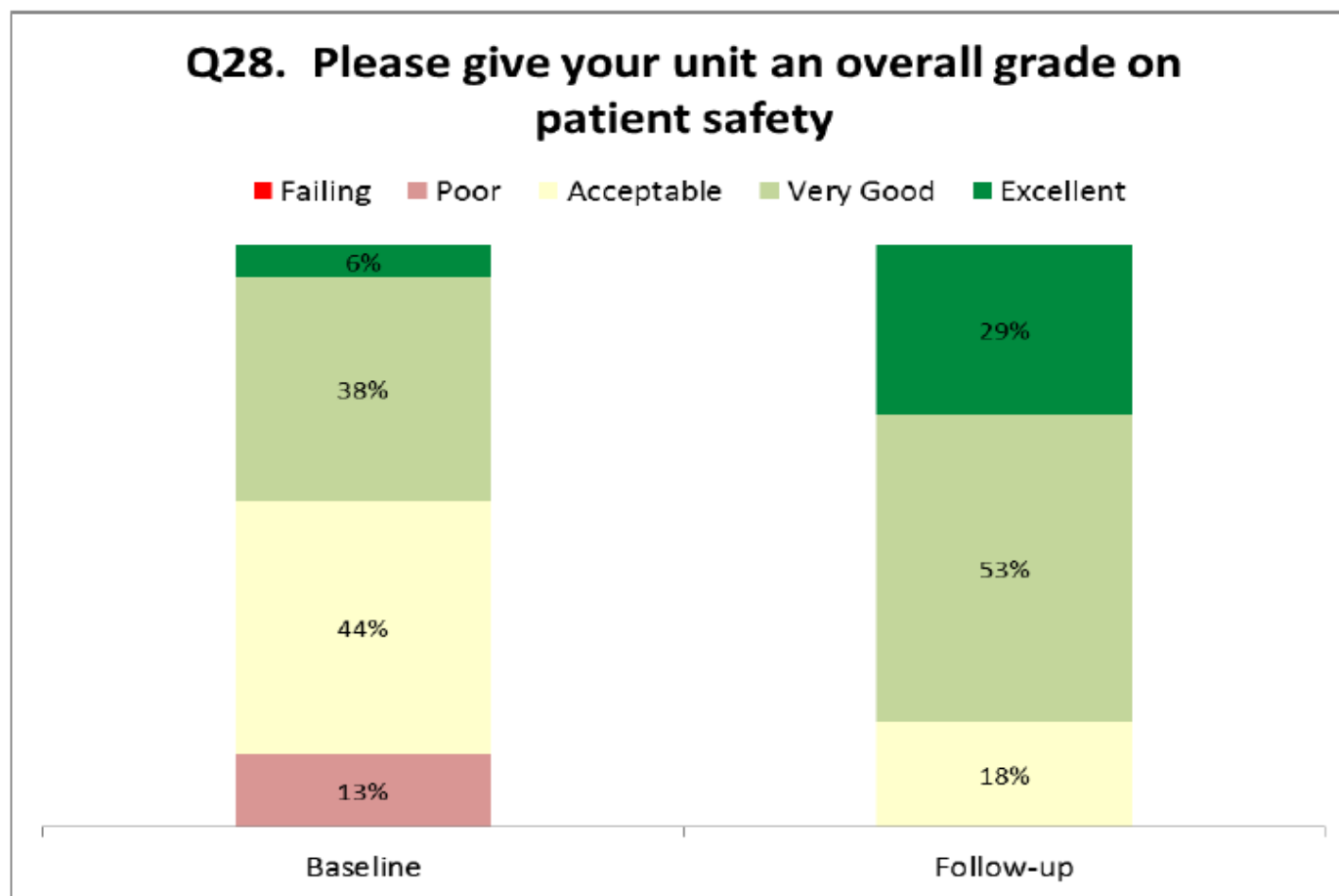
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Teamwork and Safety Climate

J21:Baseline n =16 (Sept/Oct 2015) Follow-up n =17 (Feb 2016)



Teamwork and Safety Climate

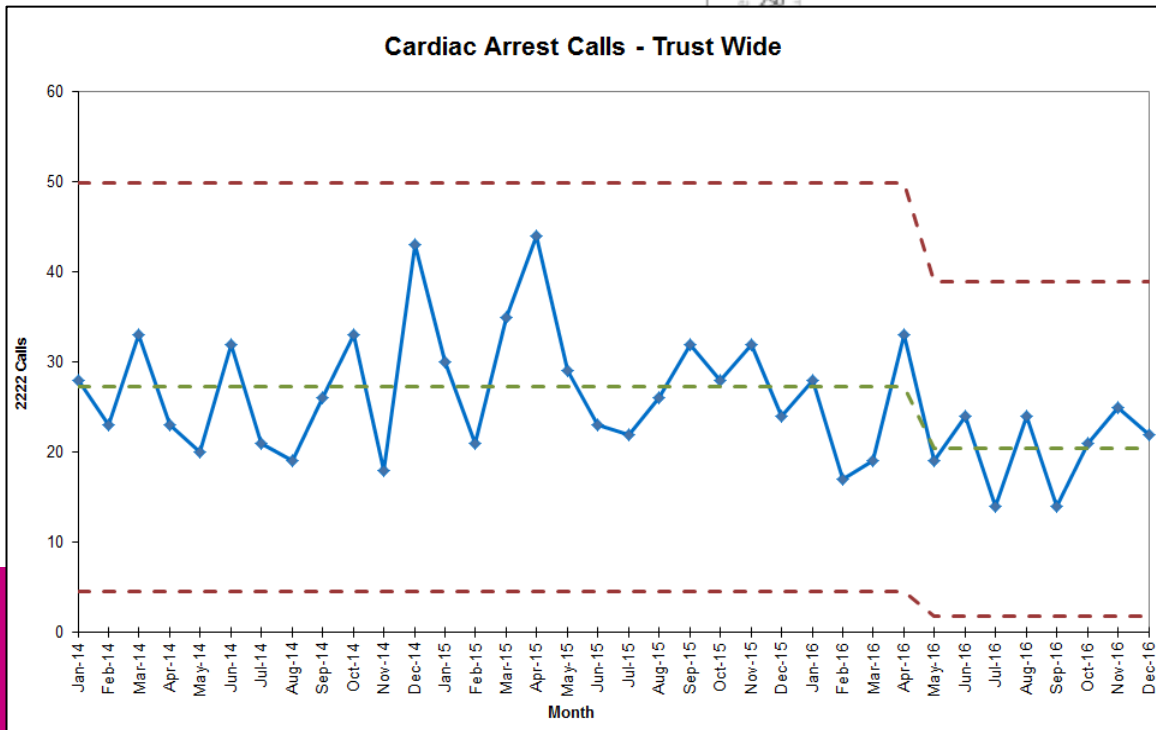
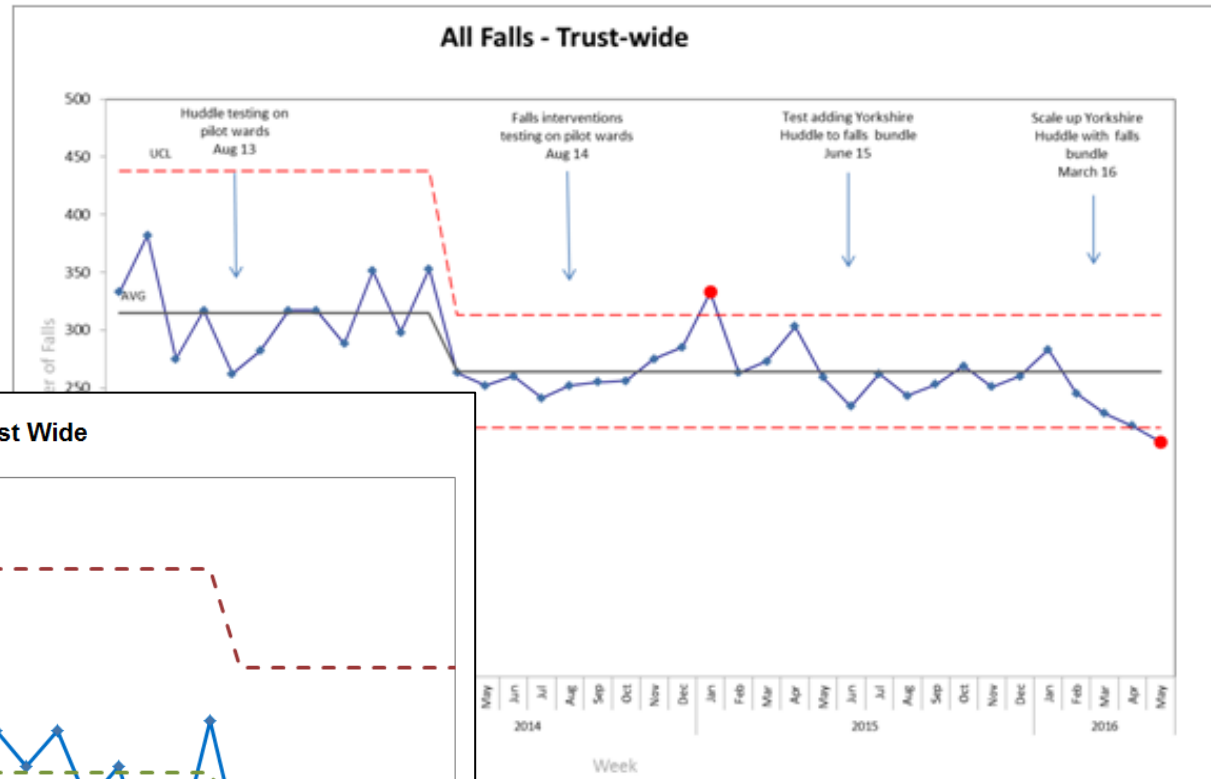


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Organisational Impact: Leeds Teaching Hospitals



Safety huddle effects

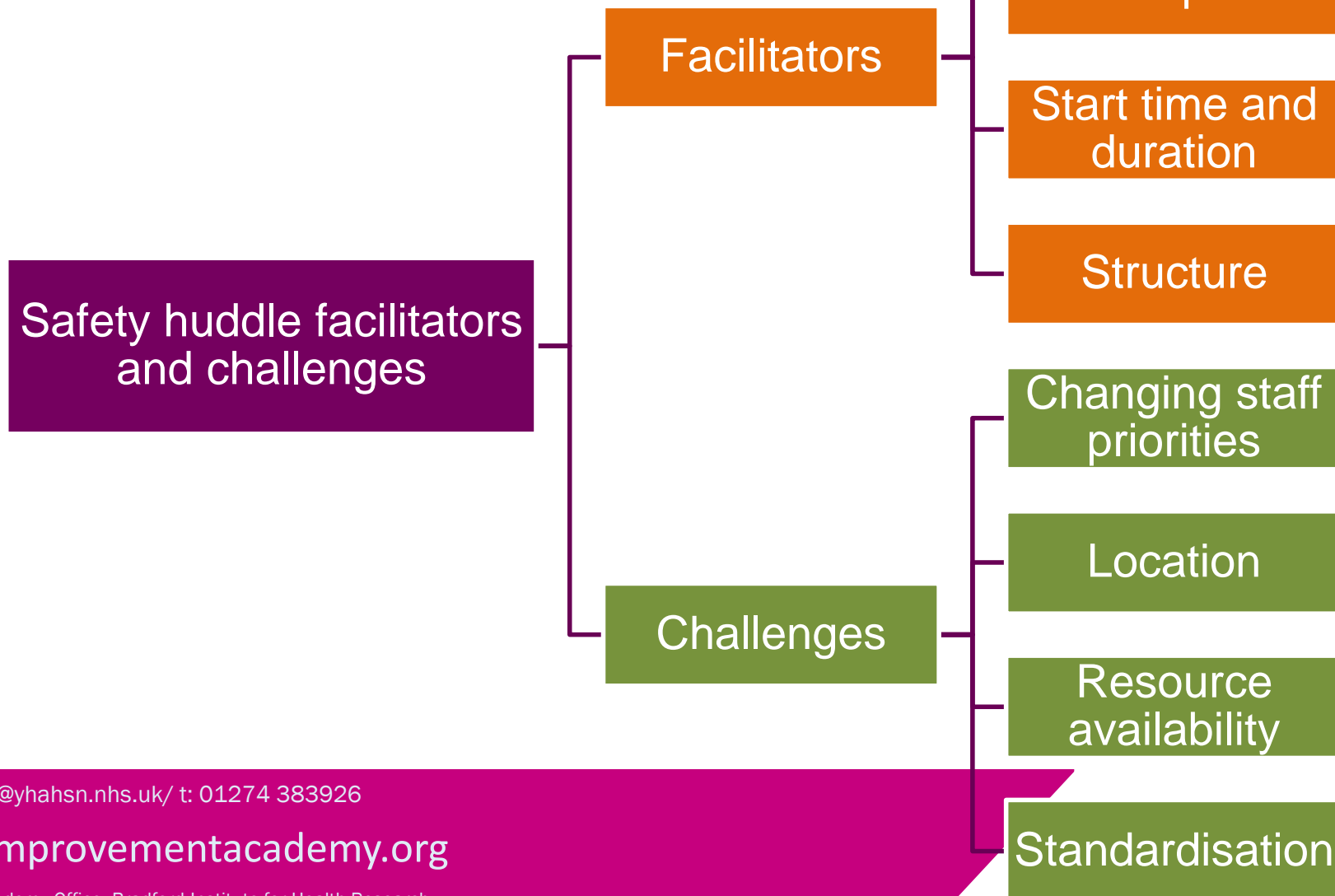
A consistent open forum
creating effective
communication

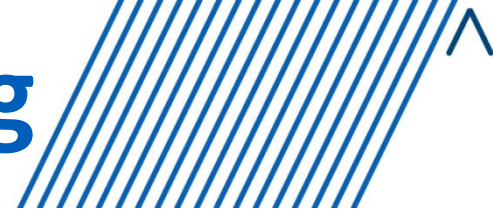
Teamwork, cohesion
and harmonious care

Reliable proactive not
reactive care: Time is of
the essence

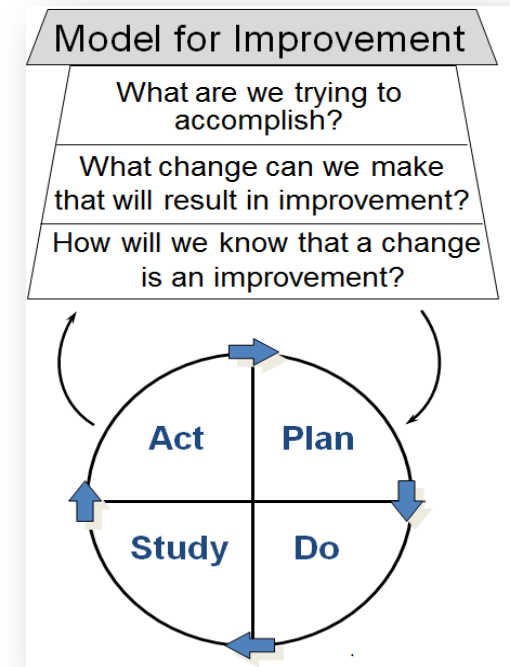
Awareness and
accountability

Real-time feedback:
Motivation learning and
celebration





- **Team engagement**
- **Flexibility on approach when starting**
 - ▶ Start with one harm and build in more harms once huddles established
- **PDSA, one day one shift:**
 - ▶ Local adaptation by ward team
- **Access to 'light touch' coaching**
 - ▶ Support embedding the principles
- **Data and certificates**
 - ▶ Measurement ('days between') board
 - ▶ Celebration plans!
 - ▶ Culture survey and feedback session



Steps to scaling up within an Organisation

- Exec support
- Internal coaching support with external coaching network links
- Collaborative, showcasing local “Pioneer” areas
- Support principles but allow Local adaptation by ward teams
- Data and certificates
- Sharing stories, impact reports

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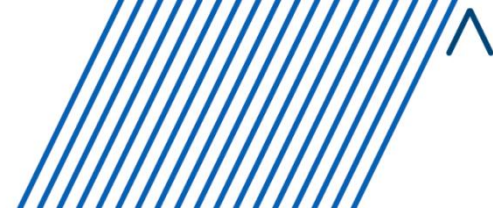
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- **When led by frontline teams and supported throughout organisation safety huddles:**
 - ▶ Improve safety culture
 - ▶ Improve patient safety
 - ▶ Fun, rewarding, and makes what seems impossible into routine clinical practice
- **We learn with every team**
- **Collaborate, share, mobilise, empower**





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