

Creating a Process for the Implementation of Tiered Huddles in a Veterans Affairs Medical Center

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Objective:

To Create a process for the implementation of tiered huddles, an important practice of the High Reliability journey at a Veterans Affairs Medical Center.

Planning/Research Methods:

Our QI approach included an extensive review of the literature, development of the tiered huddle proposal and approved by medical center executive leadership. In addition a Tiered Huddle Implementation Guide was written, an educational video produced, and a visual management system established (Figure 1).

Implementation Methods, Including Sample Sizes:

To start, three services were identified for pilot testing: Primary Care, Anesthesiology, and the Surgical Intensive Care Unit. During the pilot huddles were to take place two days/week. Tiered huddle champions identified to be responsible for collecting data on outcome measures, process measures, and balancing measures (see Table 1). In addition, these individuals entered the data into a central database. Project leads provide mentorship and coaching regularly in real time.

Findings (Table 1):

Out of possible 120-tiered huddles that could be conducted:

- 68% (n=81) were completed
- 99% (n=80) started & ended on time

Overall, 7 issues per service huddle were identified during the pilot phase (e.g., care coordination, room/ equipment/computer, staffing, lack of departmental responsiveness).

On average 2 issues per service huddle needed to be escalated to the next level (e.g., lack of responsiveness, staffing, equipment concerns)

Delays in patient care, or prolongation of shift hours for staff because of tiered huddles: n=2 (2.5%), additional, shifts extended due to tiered huddles were 15 minutes across five staff members

Metric		N	%	
P R O C E S S	# Of possible separate tiered huddles	120		
	# Of tiered huddles completed	81	68	
	Start/End on time? YES/NO % Start on time (of those completed)	Yes	80	99
		No	1	1
	Average # of staff attending tiered huddle per huddle	13		
	# Tiered Huddle cancelled WITH justification	35	100	
# Tiered Huddle cancelled WITHOUT justification	0			
O U T C O M E	# Issues identified during Tiered Huddle	7		
	# Issues addressed during Tiered Huddle	6		
	# Issues escalated to next tier	2		
B A L A N C I	Any delay in patient care or prolongation of the shift hours for the staff as a result? YES/NO	Yes	2 2.5	
		No	77 97.5	
	# of minutes (over 12 wks.) by which the work shift was extended- e.g., between 5-10 minutes	75		
	# Staff members who needed to stay past their assigned shift hours	5		

Table 1

Conclusion:

Tiered Huddles were successfully pilot tested at our facility. Creating a process for the implementation of Tiered Huddles was a key driver to its success. Future directions of this QI project will include extending the Tiered Huddles to all services within the health system.

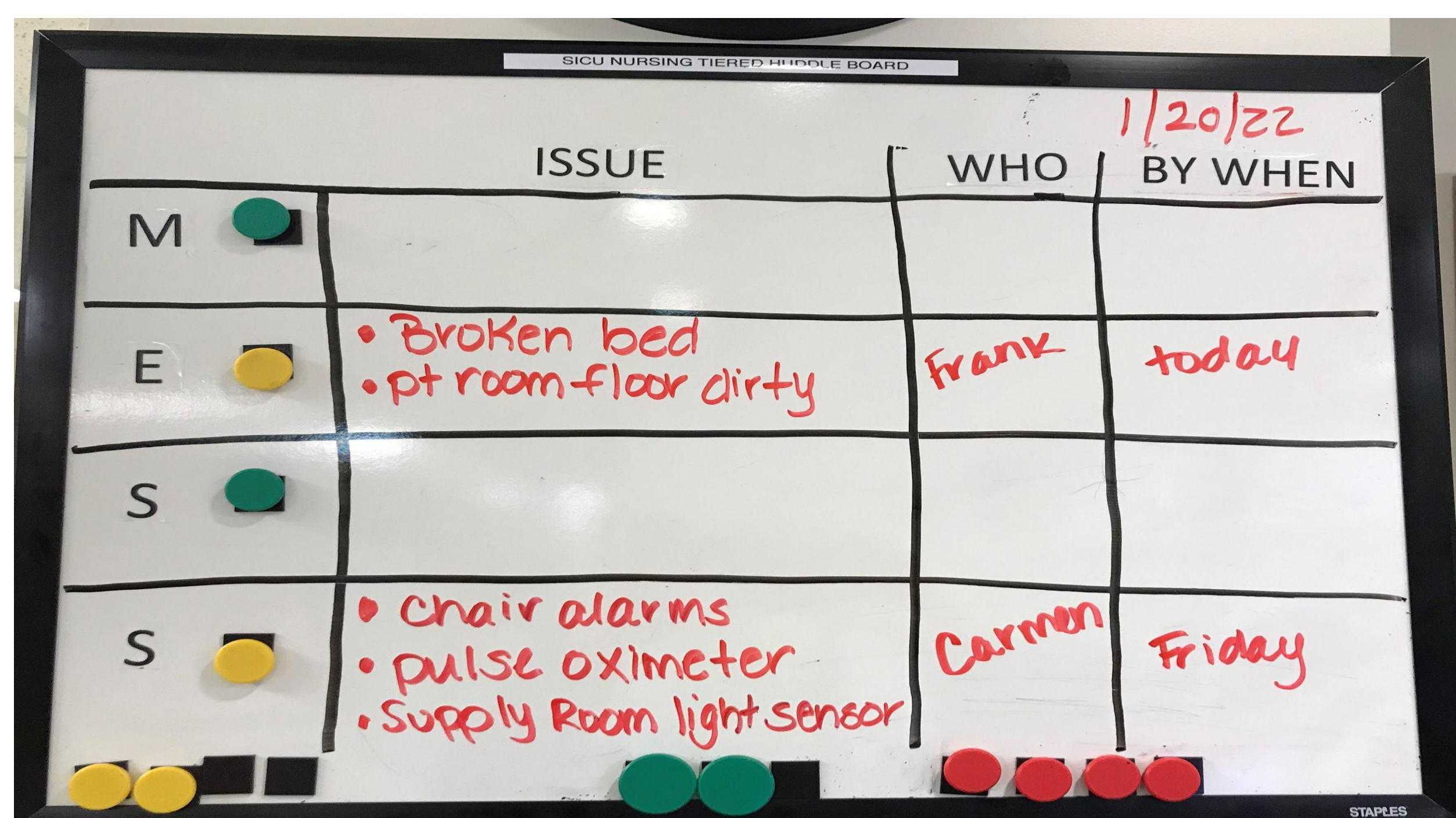


Figure 1