

Title: Adopting a Tiered Huddle System to Empower Broad Based Action

Authors: LTC Donald Sexton, FACHE; MAJ Brent Hayward; MAJ Armando Generoso; CPT Joshua Moser

Background: Experts suggest that highly reliable performance can be achieved through collective mindfulness—a collective behavioral capability to discover and correct preventable errors and adapt to unexpected events. In light of this, hospitals often organize their (team-level) high reliability strategies around the TeamSTEPPS methodology. This framework enables team communication, mutual support, and a shared mental models in order to identify and respond to unanticipated events. Few studies have shown the use of these strategies to improve communication across teams throughout the hospital.

Objective: Our Tiered Huddle System was deliberately designed using the TeamSTEPPS concepts to facilitate intraorganizational communication and collaboration. The system allows information to flow up from the clinic (Tier 1) to the Department/Service (Tier 2) and then to the Hospital's daily operations brief (Tier 3). This way of organizing allows our hospital to quickly identify organizational risks, respond with a multidisciplinary approach, and provide feedback across the system. It also provides transparency of issues and empowers staff to get engaged at the front-line.

Planning/Research Methods: The Tiered Huddle System began with the development of unit/department level safety huddles with a defined template and then section level huddles were added culminating in the addition of the hospital level huddle. There is a focus on key performance metrics which consists of a small set of defined performance indicators. Foundational to these indicators is a focus on unexpected outcomes occurring in the past 24 hours, predictions of any known concerns for the next 24 hours, and requests for assistance. There is a deliberate focus on two-way communication where managers spend some time communicating to staff, but staff are encouraged to raise issues and concerns to management (elevate risk).

Implementation Methods: The rollout occurred with the assistance and mentoring from the TeamSTEPPS master trainers. There was an intentional effort to protect schedules from 7:30 to 9:30 AM to allow maximum participation in the tiered huddles. There are no key meetings or expectations placed on staff during this protected time. This brief and multi-disciplinary approach allows full worker participation, engagement, and collaboration. The communication of concerns/issues is tracked on a daily tracker and the feedback is completed immediately on some issues that pertain to that day and other issues are followed up on the following day and daily until resolution. Tracking and trending of any safety, infection control or patient safety events or concerns are communicated through a "Safety Focus of the Week" which helps to quickly educate staff regarding specific, real-time patient safety trends as needed.

Results: The most impressive result of the Tiered Huddle System has been the significant increase in reporting of Patient Safety Reports (PSRs). Prior to implementation of the Tiered Huddle System, the average number of PSRs reported were 77 per month. The average after implementation rose to 1495 PSRs per month. The No Harm reporting increased from an average of 43 PSRs/month to an average of 72 PSRs/month after implementation. System-level safety concerns (that touch more than one area) get immediate executive-level focus and priority. There has also been a significant increase in collaboration and a decrease in turnaround time for issue resolution since implementing the Tiered Huddle System. Our staff have begun to express gratitude publically for assistance/help received which has led to increased morale and promoting a safety culture. Because of this robust communication structure, the unit level huddle (Tier 1) is now expanding into Lean Daily Management and visual management boards.

Contact: LTC Donald Sexton, FACHE, donald.w.sexton4.mil@mail.mil, 785-239-7555