Implementation of Nursing Safety Huddles During the Change of Shift

HealthSouth Rehabilitation Hospital of Petersburg
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Background

HealthSouth Petersburg, a freestanding inpatient rehabilitation hospital, has had three expansions from 44 beds, to 53, to 64 beds in November 2013. The hospital is two football fields long and has three units. The building has two long halls and intersecting nursing stations. With the last expansion, it became apparent that the nursing staff felt disconnected and the change-of-shift process was not effective. There was a lack of communication and teamwork.

The nursing leadership group discussed how to implement a change-of-shift safety huddle including a list of items to discuss every time with the off-going supervisor to welcome the oncoming shift and recognize a "great catch" from the off-going shift.

The huddle process was announced during group meetings throughout one week. The entire management team, including the CNO, NM and supervisors, were present the following week for the change of shift (0700 and 1900) to implement the process. The staff was initially somewhat resistant because this level of structure and communication had not been present before. As the weeks passed, the staff gathered spontaneously at the huddle location and did not have to be "rounded up" as before. The CNO called in via phone at random times, including weekends, to monitor consistency of the message. The daily huddle sheets were kept for review.

Objectives

- Review literature related to nursing team communication
- Describe process to implement huddle using PDCA methodology
- Measure results in qualitative and quantitative data

Methods

Plan - A daily huddle sheet was designed by nursing leadership to include the following: high-risk patients, fall-risk patients, equipment needs, staffing challenges, hospital meetings, "good catches" and recognition of team members from the previous shift. This was done based on a literature review.

Do - Attendance was measured and staff was reminded of the time and place for the huddle. Staff assignments were given after the huddle. The huddle was kept at five to seven minutes consistently.

Check - Fall and acute care transfer statistics were measured prior to the huddle and posted for the staff to see. Staff required less reminding to attend huddle.

Act - Staff automatically congregated in conference room on time. The staff was surveyed six months after the huddle was implemented for quality of experience. Fall and ACT rates, as well as other quality data, are posted monthly for review in the huddle and have trended downward.

Tools

HealthSouth Petersburg
Daily Safety Huddles

Huddles are limited to no more than 5 minutes: These meetings are designed to be quick and concise. The following agenda is the format we will consistently follow:

Welcome: Supervisor: _____ **7a**____ **7p**____ **Date**_____
Census:
 # Days since safety event:_____
 # Days since last fall:_____
 # Days since last HAPU:_____
 # Days since last CAUTI:_____
 # Days since last CLABSI:_____
LOA's:_____
High-riskpatients – Medical and fall risks:_____
 # Admissions:_____ **# Discharges:**_____
Staffing concerns:_____
Supply or equipment concerns:_____
New processes/announcements:_____
Educational classes or needs identified:_____
Great Catches:_____
Ask staff for any safety concerns they might share:_____

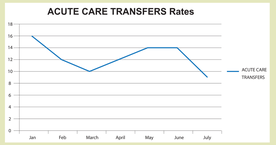
The Daily Nursing Safety Huddle form will be completed by the supervisor and placed in the Safety Huddle Notebook each shift. Service Excellence points are in supervisors office for use. Please email CNO when used. Employee rounding log to be filled out each shift on shared drive. EOC log due once a week.

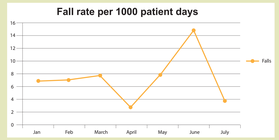
Safety Huddle and Bedside Report Survey May 2014 for HealthSouth Petersburg Nursing Staff

Please rate the following questions on a scale of 1-5
Safety huddles at change of shift

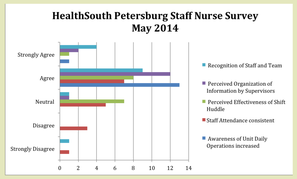
	1. Strongly Disagree	2. Disagree	3. Neutral	4. Agree	5. Strongly Agree
1. Awareness of unit daily operations increased					
2. Staff attendance consistent					
3. Perceived effectiveness of shift huddle					
4. Perceived organization of information by supervisors					
5. Recognition of staff and team					

Conclusion

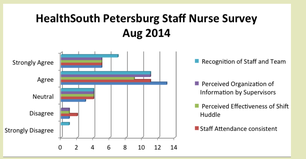




- Initial flattening and decrease of falls and ACTs were noted. May had more increased acuity and CVA patients with longer lengths of stay than usual



Sample size n=15 or .33 of current work force of Licensed Nurse FTEs Staff perception of value of huddles is Positive



Sample Size n=28 or .45 of current work force of Licensed Nurse FTEs Staff perception of Value of Huddles is markedly shifted to Positive and Strongly Positive

References

Chapman, K. (2009, November). Improving communication among nurses, patients and physicians.
Dayao, RN RN-BC PCCN, J. (2013). AONE Poster Session.
Dingle, C., & Daugherty, K. (2008). Agency for Healthcare Research and Quality Inside the Joint Commission (2013). Gaithersburg, MD: DecisionHealth.
Lewin Group (2008). . Rockville, MD: Agency for Healthcare Research and Quality.