



Establishing and embedding a safety huddle in the paediatric ward of a tertiary orthopaedic hospital

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Objectives



- Safety huddles are an established method of improving patient safety by improving multidisciplinary communication and situational awareness¹.
- Health care facilities use training sessions to encourage safety huddles, and it was found that the team-based approach improved patient care quality and efficiency².
- The Royal National Orthopaedic Hospital (RNOH) is a tertiary orthopaedic hospital admitting complex paediatric orthopaedic patients.
- Safety huddles were instituted on the ward in 2019 in a trust driven initiative.
- An audit cycle and staff surveys were conducted with the objective of improving the efficacy of the paediatric safety huddle and taking into account participants views.

Methods

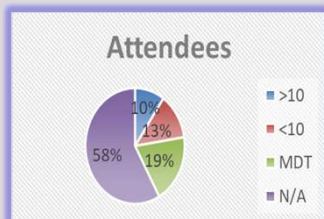
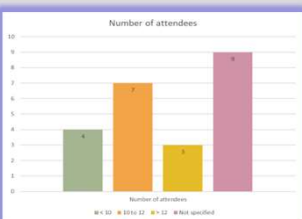
- Two retrospective audits were conducted on the Paediatric ward in RNOH looking at 1 year of safety huddles in 2022 (23 forms) and in May 2023(20 forms).
- The data for this audit was collected using completed safety huddle forms kept in a specific folder in the nursing station.
- Standards were measured against RCPCH (S.A.F.E) (situational awareness for everyone) toolkit using the standardized script.

Results

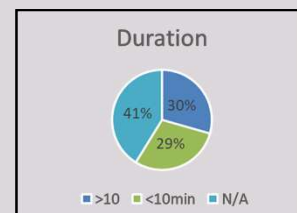
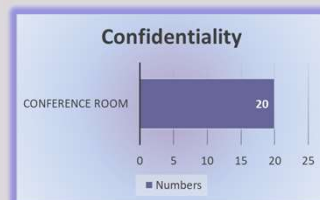
- Safety huddles only happened 6% of the time (23 /365 days) in 2022 and poor adherence was highlighted in audit days and ward meetings.
- In May 2023 huddles happened every weekday (Monday-Friday)- 65% of the time (20/31 days).

Auditable Standard	Aim	2022	2023
Huddles happen daily	100 %	6%	65%
Huddles happen at the same time every day (11 Am)	100%	45%	100%
Participants are recorded	100%	26%	42%
The huddle is time limited <10 mins	100%	100% (<20mins)	30% (<10min)
The safety huddle maintains patient confidentiality	100%	N/A	100%

- The time keeping also improved from 45% happening at scheduled time to 100%.
- Recording of participants improved from 26% to 42 %.
- Duration of huddle was less than 20 minutes 100% of the time in 2022 but in 2023, a new standard of 10-minute time limitation was introduced and this was achieved 30 % of the time (the rest of the time not recorded).
- Confidentiality was also highlighted and the huddle moved to a more private area. To provide wider access and awareness of the ward surroundings, huddles are currently being held behind the nursing station.



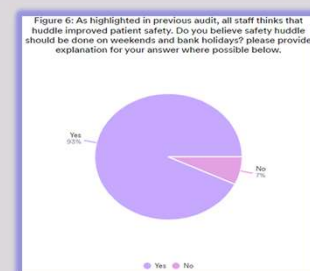
Results



- Of the issues identified pharmacy was the commonest, followed by staffing issues, departmental hazards and patient concerns.



- Participant staff surveys showed that 100% of staff thought huddles improved safety.
- Suggestion from the first survey included a specific time for huddles which was instituted.
- On the second survey 90% were in favour of introducing huddles on the weekend.



Conclusion

- The audit cycle has shown an improvement in frequency and timeliness of the safety huddle and it has now been embedded as part of the paediatric ward safety culture.
- 100% of staff agree it improves patient safety.
- Areas for improvement include noting down duration and participants and the form has been modified.
- A row on the form labelled similar names was included to highlight patients with similar names in order to prevent confusion and potential incidents
- Promoting strong relationships among multidisciplinary teams is critical for maintaining continuity of care and increasing situational awareness, hence our paediatric huddles are held by different teams each month.
- The huddle will now be done on the weekends to reflect our 24/7 service and re-audit undertaken next year to ensure on-going improvements.

References

- Lin SP, Chang CW, Wu CY, Chin CS, Lin CH, Shiu SI, Chen YW, Yen TH, Chen HC, Lai YH, Hou SC, Wu MJ, Chen HH. The Effectiveness of Multidisciplinary Team Huddles in Healthcare Hospital-Based Setting. J Multidiscip Healthc. 2022 Oct 6;15:2241-2247. doi: 10.2147/JMDH.S384554. PMID: 36225857; PMCID: PMC9549805.
- Shunk R, Dulay M, Chou CL, Janson S, O'Brien BC. Huddle-coaching: a dynamic intervention for trainees and staff to support team-based care. Acad Med. 2014 Feb;89(2):244-50. doi: 10.1097/ACM.0000000000000104. PMID: 24362383.

