Introducing the “Huddle” in an Emergency Department

Some Positive Outcomes

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ED Huddle

• Introduction

• Audit

• Outcomes/Improvements

• Summary
Introduction

Initial introduction

- Introduced as clinical microsystems initiative to improve communication among staff, highlight patient safety issues & possible risks for the day ahead
- Slow uptake initially
- Team members sceptical as to benefits
- Ad hoc data collection & collation of information

Current Format

- Embedded in daily routine **08.20 am** every morning post staff/patient clinical handover
- Team members gather in central area in ED & include
  - EM Consultant (on call)
  - ADON/CNM 3
  - ANP
  - CNM2
  - Nursing team lead each patient area
  - Health Care Assistant
  - Clerical staff
- Information captured using specific audit tool.
Audit

Data Collected

• Team members present
• Staffing levels for next 24hrs
• Number of pts waiting on beds
• Number of requests for Telemetry/Isolation/Theatre
• Patient / staff safety issues/risks
• Clinical equipment issues/risks
• Audit/research projects ongoing in the department
• Key messages for the day

Analysis & feedback

• Data gathered from May – December 2014.
• Amendments made to audit sheet to capture additional information
• Daily information collated monthly
• Quality measures identified
• Improvements measured as per PDSA
• Feedback to staff on improvements posted on staff notice boards in main areas of department
Preparing for audit

Sustaining Improvements

Selecting the Criteria

Making Improvements

Measuring Performance
Outcomes / Improvements

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Improvements</th>
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</thead>
<tbody>
<tr>
<td>Facilitated changeover to ED patient blood order sets for specific profiles; ED Medical/ED Surgical/ED Cardiology.</td>
<td>Improvement in staff Hand Hygiene audit from 50% to 73%.</td>
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<tr>
<td>Facilitated successful implementation of Emergency Department Viral Screen (EDVS) for HIV &amp; Hep C as a research study &amp; routine clinical practice.</td>
<td>Improvement in the ED Trolley Cleanliness audit from 10% to 80%</td>
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<tr>
<td>Facilitates planning, training &amp; communication for Infection Control outbreaks, Major Incident Planning and changes to Clinical Practice.</td>
<td>Improvement in information on telemetry requirements initiated in ED for in-patient monitoring of cardiology patients</td>
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## Summary

### Daily Benefit

- Patient & staff safety
- Risk assessment from ED team perspective
- Improved staff satisfaction
- Reinforcement of important key messages for the 24hr period

### Long term benefits

- Measurable improvements demonstrated by introducing daily huddle
- Feedback on improvements communicated to staff increases ‘buy in’ and staff participation in the process
- Quality improvement cycle can be applied to many ‘on the ground’ clinical, environmental and organisational issues.
- Daily participation in the Huddles can facilitate improvements in multi-disciplinary teamwork and communication within the department.
Questions ?