



Emergency Medicine Programme

Good Practice Guide 9:

How to introduce and sustain
Emergency Department Huddles
(also called Team Briefings or Safety Pauses)

Introduction



Safety Huddles have been shown to help front-line clinical teams improve quality and patient safety. In Ireland huddles are also called “Team Briefing”, “Status Briefing” or “Safety Pauses”.¹

This guide provides practical advice on introducing and sustaining huddles in the ED setting:

- Describes what a huddle is
- Provides a useful approach to huddle communication
- Outlines measures to sustain huddles
- Explains how huddles contribute to clinical governance and ED management.

1. http://www.hse.ie/eng/about/Who/qualityandpatientsafety/Clinical_Governance/CG_docs/safetypause.html

Description



- A Safety Huddle is a very short informal meeting of the ED team on duty
- Huddles are held at least **daily**, usually first thing in the morning or may be held at the beginning and end of each shift.
- Huddles should be of no longer than 5-10 minutes duration.
- A simple format to brief the team on key safety concerns is recommended (slide 4).

Huddles are not



- Huddles are not the same as end-of-shift patient handover but they often occur before or after patient hand-over sessions.
- They are not unfocussed or prolonged discussions of issues in the ED that day. They focus on patient safety and quality of care.
- They are not restricted to the ED management team. Representatives of the entire multidisciplinary team should attend including receptionists, administration staff, porters etc where possible.

What's in a Huddle



The team leader (e.g. CNM in charge) leads the huddle group through a very focussed meeting structure that covers “critical issues for today, look back, look forward”:

1. Safety Briefing
2. Follow-ups from yesterday
3. Heads-up for today
4. Planning for tomorrow and the week ahead
5. Suggestions for Quality Improvement
6. Team morale

What's in a Huddle – worksheet template



Safety Briefing	<p>Questions to ask:</p> <p>What patient safety issues do we need to be aware of on this shift? Examples:</p> <p>Patients: Two patients with similar names; patients with challenging behaviour; patients who left before completion of treatment; patients' isolation requirements.</p> <p>Professionals: Agency or locum staff who may not be familiar with ED on shift;</p> <p>Process: New equipment – are all staff trained in its use?</p> <p>Patterns: Awareness of any recent near misses or recently identified safety issues that affected patients or staff.</p>
Heads-up for today	Anticipated challenges e.g. illness-related leave, staffing levels, training sessions.
Follow-ups from yesterday	Concerns and issues raised - actions to resolve problems; New solutions being developed
Planning for tomorrow and the week ahead	Anticipated challenges e.g. staffing problems, events likely to cause demand surge. Quality improvement tests of change (PDSAs) planned.
Quality Improvement	Any suggestions from team to improve the processes, streaming, equipment usage or any other potential areas for improvement in the ED
Team morale	Remind staff of recent achievements, compliments from patients and what works well in the ED.

How to Huddle



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Who leads the Huddle?	A lead clinician, usually the Clinical Nurse Manager in charge in the ED or the Shift Leader leads the huddle.
Where do Huddles happen?	Finding an appropriate physical space is important. This may be the main duty base or a “huddle area” with a wall display of the key elements of the huddle worksheet. Follow-up actions can be tracked and reviewed using the wall display.
Who participates?	Ideally, ALL staff including nurses from each part of the ED, ED doctor(s), healthcare assistants, members of reception staff, porters and any other staff groups. EDs with larger teams may have “mini-huddles” in each zone, with representatives from each zone attending the main ED huddle.
What is discussed?	See the huddle format slide
What approach is used?	Non-judgmental positive, team-building, reassuring approach. All huddle participants are encouraged to contribute. Patient confidentiality and dignity are always respected.
How are discussions shared?	Each huddle participant shares the report with any colleagues who were unable to attend immediately after the huddle. A “huddle board” may enhance communication.
How is follow-up assured?	Action items are agreed and assigned to the appropriate team member. The huddle lead takes brief notes of key issues, manages issues within their control and immediately escalates issues as appropriate. Daily huddle notes are stored in the ED and summary reports are reviewed and actioned by the ED COG.

Top Tips for Effective Huddles



- Preparation is key – use this guide to plan your huddle initiative.
- Practice makes perfect – don't be discouraged if the huddle doesn't seem comfortable at first.
- Adapt and improve the suggested huddle approach so that it works as effectively as possible in your context.
- Be inclusive – try to ensure that all ED team members participate in the huddles.
- To keep the Huddle short and focused, the huddle lead should acknowledge any important issues that require further consideration and suggest these are discussed in detail immediately after the huddle.

How to Start



- Discuss starting Huddles in your ED at an ED COG meeting.
- Ensure all staff are aware of when huddles will commence and what will be involved. Plan in advance what team members will be available for the first huddle and explain what you are trying to do.
- Logistics:
 - Consider what time will best suit your ED team – huddles should occur at the same time each day. The best time for your ED may depend on staff shift patterns.
 - How will you notify staff the huddle is starting (e.g. tannoy)?
 - Use a template worksheet for the Lead to document the huddle Report – adapt the template provided.
 - Where will you huddle?
- Try a huddle for a few days, review feedback and learn from the experience.
- Reach out to other clinical teams in your hospital who are using huddles or Safety Pauses and share learning.

Sustaining Huddles



- Try not to abandon a huddle on a day that the ED is very pressurised; make the huddle shorter and more focused or defer to later in the day but don't drop a good habit!
- Encourage all nursing shift leaders to lead a huddle so that it doesn't become person-dependent.
- Senior ED Clinicians should participate in huddles to demonstrate the importance of huddles in ED governance and patient care and hear first-hand the ED team's safety concerns each day.
- Pay particular attention to weekend and bank holiday huddles because these times are recognised to be relatively high-risk periods for patients attending hospitals.
- Use a Quality Improvement (QI) approach with your ED huddle, including regular reviews of participant feedback, testing changes and adapting your approach to best meet your patients' and staff needs.

Huddles for Safety and Quality Improvement



- Patient safety is of paramount importance. Any urgent concerns should be actioned immediately after the huddle.
- ED COGs should review huddle reports as a standing agenda item to provide governance for the huddle process.
- Safety concerns that cannot be resolved within the ED should be escalated through hospital risk management and governance structures.
- Actions taken in response to concerns raised at huddles should be reported back to all staff.
- Hospital managers, quality and risk-management leaders may be invited to attend ED huddles to see how ED teams are embedding safety and QI in their daily work.
- Huddle feedback will identify opportunities for QI and huddles can be used to keep team members up to date with current QI activity and tests of change that are in progress. Monitoring when huddles occur is an ideal way to involve your ED team in measurement for improvement.

How ED Huddles contribute to ED governance and management



Daily huddles support high quality ED governance and management functions through the transmission of key safety information from the ED front-line to the hospital management team and within the ED team.

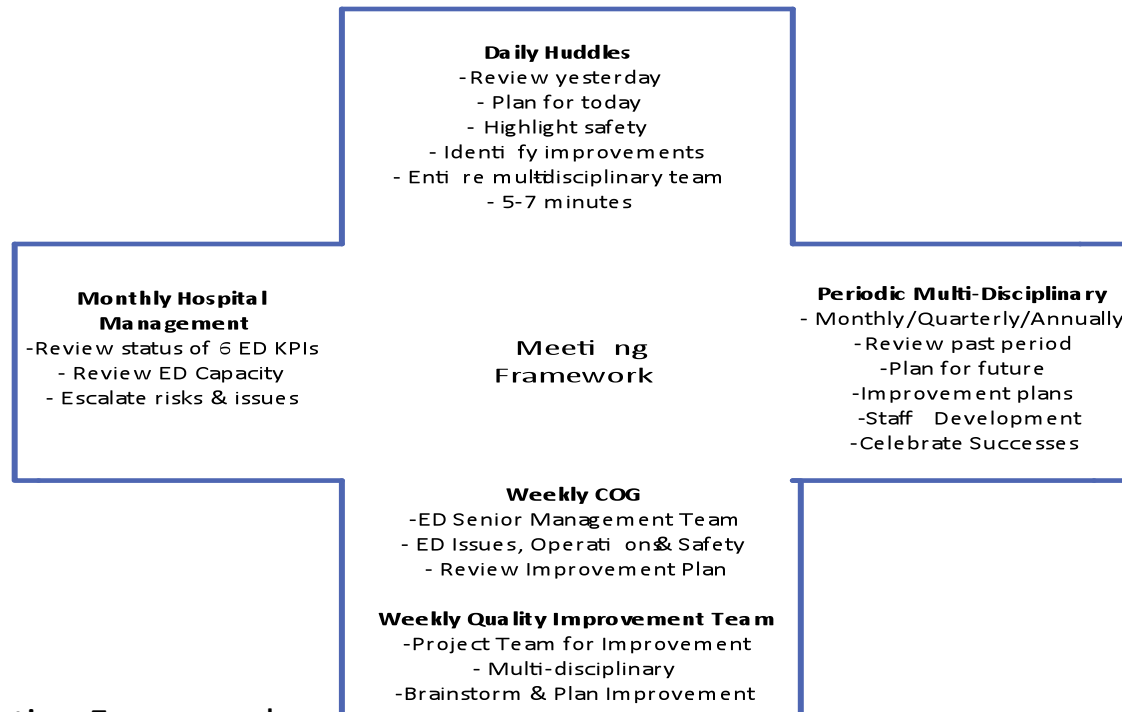


Figure 1: ED Meeting Framework

Summary



- Huddles can make a significant contribution to good practice in patient safety and quality of care, ED governance and management. They also help promote ED team morale.
- Huddles are short, focused team meetings that include:
 1. Safety Briefing
 2. Follow-ups from yesterday
 3. Heads-up for today
 4. Planning for tomorrow and the week ahead
 5. Ideals for Quality Improvement
 6. Attention to team morale and patient feedback
- ED teams are encouraged to introduce, test, improve and sustain huddles in their departments. Please share your experiences through the EMP, either by email to emp@rcsi.ie or through Clinical Microsystem Coach Trainee network using the Core-sites platform.