Improving Collective Mindfulness through “Daily Organizational Huddles”
Objectives

• Introduction to AnMed Health

• Provide an overview of the South Carolina Safe Care Commitment and HRO principles

• Explain the role of organizational huddles in the journey to becoming a HRO

• Provide an overview of AnMed Health’s Organizational Safety Huddle process

• Share lessons learned
Quick Facts

- 588 licensed bed not-for-profit healthcare system
- Admissions: 23,489
- Average length of stay: 4.3 days
- Emergency Department visits: 112,329
- Lab procedures: 3,114,453
- Radiology procedures: 162,847
- Surgeries and endoscopies: 15,796
- Heart and vascular procedures: 6,966
- 3500+ employees
- Active medical staff: 455
AnMed Health Medical Center Campus

• 461-bed acute care hospital
• Level II Trauma Center
• Primary Stroke Center
• LifeFlight Helicopter service
• Heart and Vascular Center
• Certified Chest Pain Center
• Magnet designation
• OSHA Voluntary Protection Program designation
AnMed Health North Campus

- 72-bed Women’s & Children’s hospital
  - maternity services, Level II nursery
  - inpatient pediatric care
  - inpatient and outpatient surgical services
  - “Baby Friendly” designation
- Comprehensive Cancer Center
- Ambulatory surgery center
- Medical office complex
HRO Journey Begins.....
3 Domains of High Reliability

Organizational Culture of Safety

Robust Process Improvement

Leadership Engagement

Source: The Joint Commission Center for Transforming Healthcare
Highly Reliable Organizations
5 Key Principles

• Pre-Occupation with Failure
• Reluctance to Simplify
• Sensitivity to Operations
• Commitment to Resilience
• Deference to Expertise

Managing the Unexpected–Weick & Sutcliffe
Why Organizational Safety Huddles?

- Improve system-wide situational awareness
- Improve overall communication across the organization
- Encourage occurrence reporting, especially near misses
- Identify system issues for process improvement
Daily Organizational Huddle

Planning for Success
Planning Checklist

- Participate in a listen-only mode to an organizational huddle call with a peer hospital
- Develop/finalize AnMed Health reporting roster
- Develop education/communication plan
- Select start dates and times (9:00 am)
- Finalize huddle communication method
- Finalize organizational huddle roles (facilitators, scribes...)
- Develop specific reporting order for the call (dept x, dept y, dept z)
- Finalize ground rules (i.e. no patient names, no throwing depts under the bus, concise inputs, no recording, disclaimer on front and back end of call)
- Additional listen-only huddle call for AnMed Health participating departments
- Discuss/finalize weekend plans

Go live week.... start date of January 20\textsuperscript{th}, 2015

- Debrief and tweak
- Debrief and tweak
- Debrief and tweak
What Method Should We Use?

OR
Structure and Roles

**Huddle Command** (Executive Team and key Quality, Safety, Security and Engineering staff in the conference room where call is hosted)

**Huddle Facilitators** (Designated daily facilitators who conduct the huddle call)

**Huddle Reporting Areas**
Daily Organizational Huddle Process

- Conference call platform
- Central conference room
- 8:30 a.m. daily
- Huddle Facilitator assigned
- Standard reporting roster
  - 64 daily reports
- Separate weekend huddle roster
- *Huddle Command debrief*
Welcome to AnMed Health’s High Reliability Safety Huddle. Today is [today’s date] and I am [Your name], today’s Huddle coordinator.

I would like to remind each of you that participation is by invitation only; if you are not an invited participant, please identify yourself at this time...[Pause]...thank you. The issues reported in today’s Huddle are proprietary and confidential and may not be recorded in any form or by any medium without the express authorization of AnMed Health’s General Counsel. Any authorized recording remains the exclusive property of AnMed Health, and shall be provided to the General Counsel at the immediate conclusion of today’s Huddle.

As a reminder, please stay on the Huddle call until sign-off by the Huddle coordinator.

Is there anyone on the call that did not report?

Is there anyone on the call that needs an opportunity to amend their report?

Please take the time to enter any actual safety occurrence or near miss occurrence into the MIDAS system.

High Reliability starts with each of us...thank you for your commitment to our patients and our employees. The Huddle Command staff will follow-up with you, as needed, to discuss any unresolved issues from today’s Huddle, or any needed additional reporting.
## Huddle Roster

**Do not put phone on hold**

<table>
<thead>
<tr>
<th>Manager by Area/Unit</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PCC -- Medical Center Campus</strong></td>
<td>PCCs assigned that day</td>
</tr>
<tr>
<td><strong>PCC -- North Campus</strong></td>
<td>PCCs assigned that day</td>
</tr>
<tr>
<td>OR/CVOR/Anesthesia/PACU (Medical Ctr)</td>
<td>Angela Johnson/David Abramovitz</td>
</tr>
<tr>
<td>OR/Anesthesia/PACU/PSC (North Campus)</td>
<td>Erin Keeney/David Abramovitz</td>
</tr>
<tr>
<td>Outpatient Surgery (both campuses)</td>
<td>Michelle Snipes/David Abramovitz</td>
</tr>
<tr>
<td>Central Sterile Processing (both campuses)</td>
<td>Chrys Hatem/David Abramovitz</td>
</tr>
<tr>
<td>Surgery Assessment Center/Endoscopy</td>
<td>Kimberly Fant/David Abramovitz</td>
</tr>
<tr>
<td>Cath Lab/EP Lab</td>
<td>Stephanie Luper/Kathy Deloplaine</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>David Cothran/Tara Devido</td>
</tr>
<tr>
<td>Life Flight</td>
<td>Paul Hubbard/AmyJo Wess</td>
</tr>
<tr>
<td>Kids Care</td>
<td>Cindy Swaney/</td>
</tr>
<tr>
<td>CCU (15) CVICU (6)</td>
<td>Sharon Smith/Jay Wright</td>
</tr>
<tr>
<td>CDU (6)</td>
<td>Sharon Smith/Jay Wright</td>
</tr>
<tr>
<td>ICU (19)</td>
<td>Aimee Sharp/Shaunda Trotter</td>
</tr>
<tr>
<td>Rapid Treatment Unit (RTU) (17)</td>
<td>Shelia Hicks/Bryan Kennedy</td>
</tr>
<tr>
<td>4 North (10)</td>
<td>Denise Hamby/Bryan Kennedy</td>
</tr>
<tr>
<td>4 Center (30)</td>
<td>Denise Hamby/Bryan Kennedy</td>
</tr>
<tr>
<td>4 South (25)</td>
<td>Bryan Kennedy/Shaunda Trotter</td>
</tr>
<tr>
<td>5 North (18)</td>
<td>Ashley Hawkins/Jay Wright</td>
</tr>
<tr>
<td>5 Center (30)</td>
<td>Suzanna Grant/Jay Wright</td>
</tr>
<tr>
<td>5 South (26)</td>
<td>Donna Kleister/Shaunda Trotter</td>
</tr>
<tr>
<td>6 South (28)</td>
<td>Jean Tillirson/Bryan Kennedy</td>
</tr>
</tbody>
</table>

Effective Date: 3/1/2016 Rev Level: 12

Conference call: Participant Code: **7064249#**

Mute your phone (use either the Mute button or *6 Command)
Real-Time Harm Intelligence

**Patient Safety Events**
- Serious Safety Events, Precursor Safety Events and Near Miss Safety Events
- Injuries to patients
- Assessment or treatment delays or deficiencies
- Falls (with or without injury)
- Medication errors
- Mislabeled specimens
- Hospital acquired infections
- Patient ID issues

**Employee Safety Events**
- Slips/trips/falls
- Exposures to infectious disease (i.e. needle sticks)
- Assaults
- Injuries to non-clinical staff
  - Maintenance – equipment incidents
  - Environmental Services – chemical incidents
  - Food Services – burns, cuts

Source: HPI Developing Situational Awareness
Organizational Huddle Etiquette

- **Courtesy**.... Please join the call a minute or two early. This will reduce the amount of disruptive beeps during verbal reports.

- **Courtesy**.... Stay on the huddle call through its conclusion.

- **Clarity**.... Try to use handset when giving verbal reports. The use of speaker phones can create incomplete reports.

- **Clarity**.... Please un-mute your phone 2 or 3 reports in advance of your roster position.
Organizational Huddle Debrief

- Evolved during the first week of the organizational huddle
- Led by the daily Huddle Facilitator
- 15 minutes to discuss issues reported on the call
- Follow-up responsibility is assigned to members of the huddle command team for investigation and resolution
- Opportunity to discuss any other issues not reported on the call
- Issue resolution discussed at next day huddle debrief
Huddle Debrief Follow-up....

- Name alerts - same and similar names
- Latex allergies - foley catheters
- Patient identification
- Patient equipment issues - epidural pumps, IV poles, socks
- Combative patients, security concerns
- 30-day readmissions
- Infection Prevention - C-Diff, Influenza
- Patient throughput
- Environmental conditions - temperature, humidity
- Worker safety - sharp injuries, exposures
- Students in the workplace
Increased Occurrence Reporting

**AnMed Health**

**Number of Occurrences Reported by Month**

- **UCL** = 327.7
- **LCL** = 129.0
- **X̄** = 228.4

*Daily Organizational Huddle began Jan 20, 2015*

**AnMed Health**

**Number of Near Miss Reports**

- **UCL** = 81.53
- **LCL** = 4.64
- **X̄** = 43.09

*Daily Organizational Huddle began Jan 20, 2015*
Good Catch Program

- Increased near miss reporting opened our eyes to many “Good Catches”

- Program was developed and implemented approximately 3 months after huddle start date

- Consists of a recognition card signed by the Huddle Command Team and a $5 cafeteria coupon
Feedback...

What can we do to improve the Organizational Huddle?
# Huddle Assessment

<table>
<thead>
<tr>
<th>Speed of reports</th>
<th>Streamline reports – focus on safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flow of the call</td>
<td>Total census numbers consistent</td>
</tr>
<tr>
<td>Great participation</td>
<td>Review roster (should others be on call)</td>
</tr>
<tr>
<td>Improved situational awareness</td>
<td>Timing- 8:30am may not provide enough time to complete dept huddle prior to Org Huddle</td>
</tr>
<tr>
<td>Consistency, sustainability</td>
<td>Need summation</td>
</tr>
<tr>
<td>Immediate feedback</td>
<td>Expand to 7 days</td>
</tr>
<tr>
<td>Open communication</td>
<td>Diffusion of information</td>
</tr>
</tbody>
</table>
Key Learnings

• Organizational Safety Huddles have increased situational awareness
• Reports need to be concise and relevant
• Daily discipline is essential for success
• Stakeholder buy-in is a must
• Underestimated the time commitment related to issue resolution
• Diffusion of lesson’s learned is still a challenge
• Collective Mindfulness in 15 minutes each day
Its About the Journey.....

• AnMed Health is on a High Reliability journey

• Every one has a role to play in Safety

• The Organizational Safety Huddle has proven to be an important step in our Journey
Huddle Command Contacts

- Robert Pierce, Director of Performance & Process Improvement
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- Jody Phillips, Director of Clinical Quality & Patient Safety
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- Dale Duncan, Director of Medical Affairs
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