

Patient safety

Implementing a daily huddle protects patients, avoids delays

Sixth in a series on ten elements of safer surgery.

Could you and your team find 30 minutes a day to prepare for the next day's surgical schedule? The effort can be worthwhile.

A Chicago-area hospital has found that a half-hour daily huddle not only heads off delays and cancellations but also spots clinical and patient safety issues so they don't become obstacles the next day. The huddle team has caught near misses, including surgical side and site discrepancies. They also have identified patients with unresolved clinical problems; made sure loaner sets and implants are on hand; and saved time and aggravation.

"A lot of people have daily huddles. We've taken the huddle and expanded it," says David Young, director of preanesthesia testing at Advocate Lutheran General (ALG) Hospital in Park Ridge, Illinois.

Every day at 2 pm, the huddle team meets in front of a smart board showing the upcoming day cases, which average about 75 a day. ALG performs about 12,000 procedures a year in its main OR and 6,000 in its ambulatory surgery unit.

Attending the huddle in addition to representatives from scheduling and nursing are personnel from presurgical testing, the preoperative unit, sterile processing, materials management, anesthesia, and ambulatory surgery as well as the surgical navigator who is the liaison with patients' families.

The huddle also serves as the first step in the patient identification process.

"We are actually saying the patient's name and double checking the procedure ordered," notes Cindy Mahal-van Brenk, MS, RN, CNOR, executive service line director for surgery.

Community of accountability

A chief advantage of the huddle is that it raises the level of accountability, Dr Young observes. "Before, everyone worked in silos." Now, in the huddle, each member must acknowledge that preparations for surgery have been addressed.

"If you're the sterile processing person, and you say all of the trays are here, everyone knows you've stated that," he says.

Similarly, if the anesthesia representative says a patient has been cleared, and it turns out later that a problem wasn't taken up with the primary care physician, "they own that," he adds.

These are ALG's key elements for successful huddles.

Same time, same place

The huddle is held every day at the same time and place.

"You have to set the time aside, start on time, and be efficient," Dr Young says. Huddles usually take 30 minutes but can take 45 minutes if the patient list is complex.

Attendance is expected and documented. The employed staff nearly always attend; attendance by the nonemployed personnel is at 50% to 75%, Mahal-van Brenk estimates.

Follow a set agenda

Having a standard agenda moves the meeting along. ALG's agenda starts by recapping the current day's problems. Then the bulk of the time is spent reviewing the schedule for the next day.

"We review the entire schedule case by case. It was slow at first, but it has gotten much faster," Dr Young says.

"We are looking for any problems that might occur the next day. Is there enough time allotted to the cases? Is a surgeon scheduled at more than one site? Are there pending lab results?" Decisions are made about adjusting the schedule.

Among other issues discussed: Were loaner sets delivered? Are new implants being brought in? Will the company rep be on hand? Are there patients with complex allergies or antibiotic needs?

They also review issues that surfaced during the preanesthesia process.

"Prior to this, nurses didn't have a forum to express concern about a patient they thought was high risk," Dr Young observes. "Now they are able to bring this up and share it with the entire team."

In one example, the huddle resolved an issue with a patient who was scheduled for a total hip revision. Normally, 2 units of blood would be ordered. But no blood had been ordered, and the case was scheduled for 1 1/2 hours.

Dr Young, who led the huddle that day, thought that didn't make sense.

"We got the surgeon on the phone. It really was a cup change, not a total revision," he says. "So the time was appropriate and so was not having additional blood. We saved ourselves aggravation."

At times, the issue is as simple as a language barrier. The presurgical department then arranges for a translator to be present when the patient arrives, providing a source of comfort for both the patient and family.

Keep leaders involved

Having a physician champion is essential, as it is for other patient safety initiatives. Mahal-van Brenk stays involved as well.

"For the first 3 months, you need a consistent leadership presence, so people know this is serious," she says. She still attends periodically to reinforce that message.

Teach presentation skills

Nurses have learned to hone their style for their huddle presentations, which for some is a new skill, like presenting on rounds. "It takes a while to learn the key elements," says Dr Young.

Nurses know they will be expected to know something about each patient, which he thinks has helped them to organize their time better.

The huddle program at ALG has helped to resolve not only scheduling issues but also a broader range of concerns that affect safety and efficiency.

"The problem was how to coalesce all of the information that is floating around in everyone's head and put it together to minimize the risk of delays and cancellations," Dr Young says. "The huddle has helped us achieve that." ♦

—Pat Patterson

Safer Surgery series

This series of articles covers Ten Elements for Safer Surgery developed by Advocate Health Care, a 10-hospital system in the Chicago area.

Previous articles in the series focused on:

- OR governance: January 2013
- Safer surgical scheduling: February 2013
- Presurgical assessment: March 2013
- Excellence in sterile processing: April 2013
- Checklists: May 2013.

All-day seminar

An all-day seminar on the Ten Elements for Safer Surgery will be presented at the OR Manager Conference, September 23-25, 2013, at the Gaylord National Resort in National Harbor, Maryland. For more information, go to www.ormanagerconference.com.

Dr Young is also a consultant with Surgical Directions. www.surgicaldirections.com.