



Feilmeannacht na Seirbhíse Sláinte
Health Service Executive

Quality Improvement Division



QI TALK TIME

Building an Irish Network of Quality Improvers

**Daily Operational and Safety Huddles
(DOSH) – the NRH way**

17th April 2018

Connect

Improve

Innovate

Speaker

Speaker: Speakers: (Right to left)



Ms. Frances Campbell, Director of Nursing,
National Rehabilitation Hospital

Ms. Bernadette Lee, Clinical Risk Manager
National Rehabilitation Hospital

Prof. Mark Delargy, Clinical Director, National
Rehabilitation Hospital

Ms. Siobhan Reynolds, HSE Quality
Improvement Division

Huddles are brief (usually 15-20 minutes) and routine meetings for sharing information about potential or existing safety and operational problems.

In 2017, the National Rehabilitation Hospital (NRH) established a daily operational and safety huddle (DOSH).

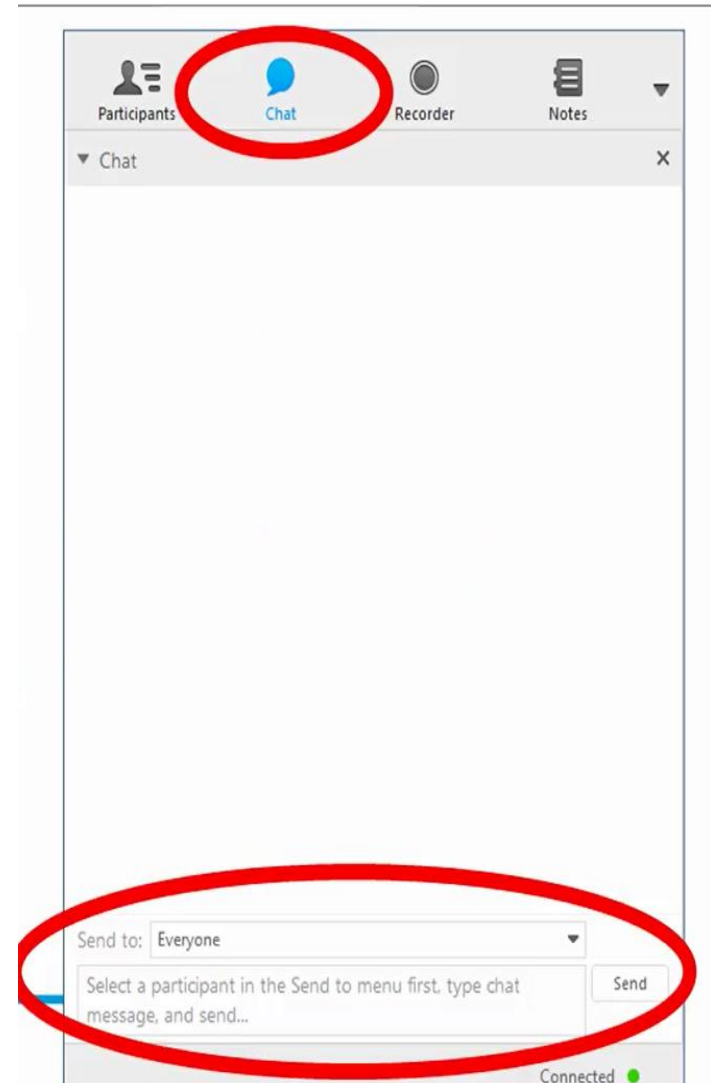
Instructions

- Interactive: Computer or dial in:

Telephone no: 01-5260058

Event number:845 015 639

- Chat box function
 - Comments/Ideas
 - Questions
- Keep the questions coming
- **Twitter: @QITalktime**



Daily Operational and Safety Huddle (DOSH)

National Rehabilitation Hospital QI Talktime 17th April 2018



Overview

- What are Daily Operational and Safety Huddles ?
- Background to the NRH Initiative
- Setting up a Daily Operational and Safety Huddle
- What happens during the Huddle ?
- Post Huddle Activities
- What worked well ?
- What needs to be improved ?
- What is next for the NRH Daily Operational and Safety Huddle (DOSH) ?

Objectives for Today

Talktimers will.....

- Gain an understanding of types of huddles
- Know how to set up a Organisation- wide Huddle
- Learn about the process of huddling
- Learn about the key success factors

What are Daily Operational and Safety Huddles ?

- Huddles are brief (usually 15-20 minutes) and routine meetings for sharing information about potential or existing safety and operational problems.
- Huddles, sometimes known as daily briefings, help organisations create a culture of safety by providing a forum for personnel to share safety and operational concerns, develop plans, and celebrate successes.

Background - MD

- In the NRH, a “Safety Huddle” at night and weekend was introduced in 2016 to develop the communication between the Nurse in Charge, the Non Consultant Hospital Doctor and the Consultant on Call of key safety issues for that shift.
- Visit to Edinburgh November 2016 – The Royal Victoria (800 acute bedded hospital)
- Opportunity for collaboration between NRH and HSE Quality improvement Division of the HSE.

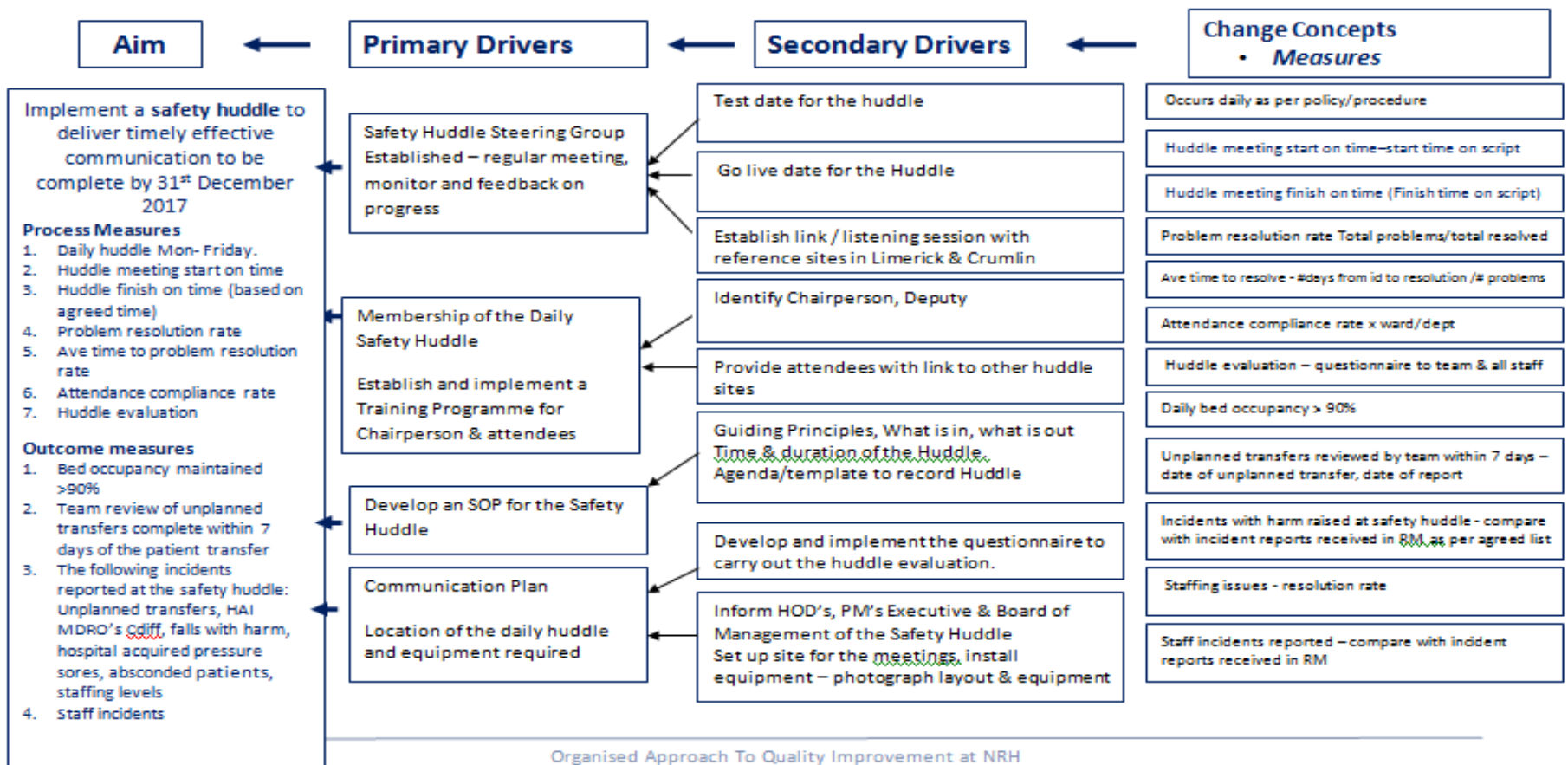
How did we do it ? - BL

- Huddle Steering Group established to plan the preparatory work needed
- Met every two weeks
- Agreed a 'Go live' date
- Agreed a work plan

- Planned for the following:
 - Name for the Huddle - DOSH
 - Location and IT / phone support needed
 - Timing of huddle
 - Attendance
 - Guiding principles including what is in- what is out
 - Role of the Chair
 - Design of reporting templates
 - Communication plan to the organisation regarding the huddle
 - Measurement of huddle
 - Listening Sites
 - Facilitation of the test runs

How did we do it ? - BL

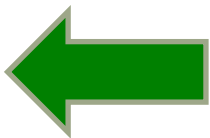
Quality Improvement Tools : Driver Diagram



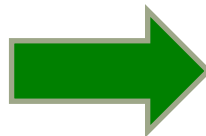
What happens during the huddle – P

- It starts at 9.15 for 15 minutes
- Day room of the hospital - Accessible room for everybody
- Agreed order of reporting

Look Back



Look Forward



Follow up



Huddle Focus - FC

- **Look back** – to review safety, quality and flow issues from the **past 24 hours** (significant events overnight) i.e. patient deteriorating; unplanned patient transfers, any patient harm incidents. infection prevention & control issues
- **Look ahead** – to anticipate, predict and plan for safety, quality and flow in the **next 24 hours** (planned discharges, elective admissions, staffing levels for next 24 hours/shortfall)
- **Follow up** – to report on unexpected or significant events and plan how to resolve them

Who attends ? – FC

- Representatives from each department in the hospital
- Nominated department representatives come prepared.



Chair Prompt Sheet - FC

Daily Operational and Safety Huddle (DOSH)

Start Time

Huddle Conference Line XXXXXXXXXXXX Note Taker

Focus on three areas:

Look back - to review actions from previous huddle, review safety, quality and flow issues from the past 24 hours. (Significant events overnight) i.e. patient deteriorating; patient transfers/abandoned patients; falls; behavioural challenges; infection control issues
Look ahead - to anticipate, predict and plan for safety, quality and flow in the next 24 hours. Discharges, elective admissions, staffing levels for next 24 hours/wards
Follow up - to report on uncompleted or significant events and plan how to resolve them.
 Timely attention given to managing challenging behaviours; processes to prevent recurrences

1. Chairperson:

- Good morning everyone, this is ...I am the Chairperson for the DOSH meeting today.
- It is now 09.15 a.m. Extend a welcome to those in the room and to the phone in staff to today's Daily Operational and Safety Huddle "DOSH Meeting"
- Phone in staff introduces themselves when they phone in.

2. Ground Rules

- Start on time
- Enter via manual door
- When speaking move closer to the microphone to ensure persons phoning in can hear
- Speak slowly/clearly, state name, ward/department/ programme, present your report - consider using ISBAR format
- No side conversations during the meeting.

3. Handover of Overnight Concerns:

- Report from 8003 sleep person Nurse and NCHD on handover of any immediate overnight concerns from the Hospital at night team
- Failure/malfunction of essential Operational resources eg X Ray, Blood Gas Machine, ECG Machine, FEES etc.

4. Confirmation of On Call Staff for next 24 hours

- On call Consultant
- On call NCHD
- On call Radiographer
- Physiotherapist
- Administrator

5. Medical Report

6. Infection Prevention & Control

7. Invite to all In-patient Ward Areas to report:

- Patients transferred out: Status
- Patients transferred back: Status
- Critically ill patients. EWS > 7 Status.
- Wards: Staff complement: normal/reduced/critical
- Planned admissions/discharges
- Infection Prevention & Control
- Vacant Beds

State Ward & Programme	
Area /Unit/ Dept	Programme
St. MARGARET'S	SCSC
St. JOSEPH'S	SCSC
OUR LADY'S	SCSC
MCAULEY	POLAR
St. PATRICK'S	BI
St. BRIGID'S	BI
St. CAMILLUS	BI
St. GABRIEL'S	BI
St. AGNES'S & Paediatric Day Unit	PAEDIATRIC

3. Therapy, Clinical Support - Issues or concerns

8. Therapies (State Department & which programme applies)

- Physiotherapy
- Occupational Therapy
- Speech & Language Therapy
- Psychology
- Medical Social Work
- Dietetics
- Other

9. Clinical Support

- Radiology
- Pharmacy
- Phlebotomy

10. Programme Managers + OPD + RTU

- SCSC + Urology OPD
- BI + RTU
- POLAR + Prosthetic OPD
- PAEDS
- OPD Unit 6

11. New Hospital Office; matters affecting hospital routine

12. General Support

- Communications
- Risk Management
- Corporate Data
- IM&T
- Catering & Housekeeping
- Security
- Medical Admin
- Facilities

- Fire alarm system,
- Medical gases,
- Phone system,
- Nurse Call system
- Emergency Bleep system
- Water supply system.

General Support Updates

13. Any Important Issue not covered above?

14. Announcements, events, tours, meetings

15. Record of personnel to meet to resolve issues after the huddle?

16. Reporting timescale for each issue.

17. Follow up:

- Roundup of up to 3 actions/things to bring back to your area from the meeting

18. Meeting evaluation

- Feedback from the group

Events

Agreed Actions

	Action from the Huddle	Due Date	By Whom	Complete in 24 hours	Complete in 48 hours	Complete in 72 hours	Status
1							
2							
3							
4							
5							
6							
7							

"Thank you everyone, it is now **09:30 am** We will meet again tomorrow morning."

Action Log

Weekly Information Summary (22nd January 2018)

Works Underway at X-Ray	NHP works under X-Ray commence from Thursday 11 th Jan – noise to be expected	TBC	All	In progress
Traffic One Way System extended	HPT report the one way system is to be extended for up to 3 weeks to facilitate pathway beside the carpark. A light system may be put in place.	19/01/2018	HPT	In progress
Ward – Challenging Patient	Challenging patient . Extra support required.	22/12/2017	Nursing Admin	In progress
Abscension Risk &	There are two patients on			

What happens after the huddle ? FC

Daily Huddle Highlights

Thursday 12th April 2018

Key Points from the Daily Operational Safety Huddle

- National Workplace Wellbeing will continue today. Please see attached a list of the activities available.
- As a result of staff training, TSD will have a reduced service today and will be answering emergency tickets only.
- There will be Productive Ward Training on Friday (13th April) from 9am – 4pm in the RTU. Please contact Fiona Marsh or Mary Feeney for further information.
- All staff are required to undergo XXXXX Training. This is available on HSELand. Please book on CORE. For further information please contact Sheila MacGowan (Ext 5133). The RTU will be available on Friday's for those that require PC access.

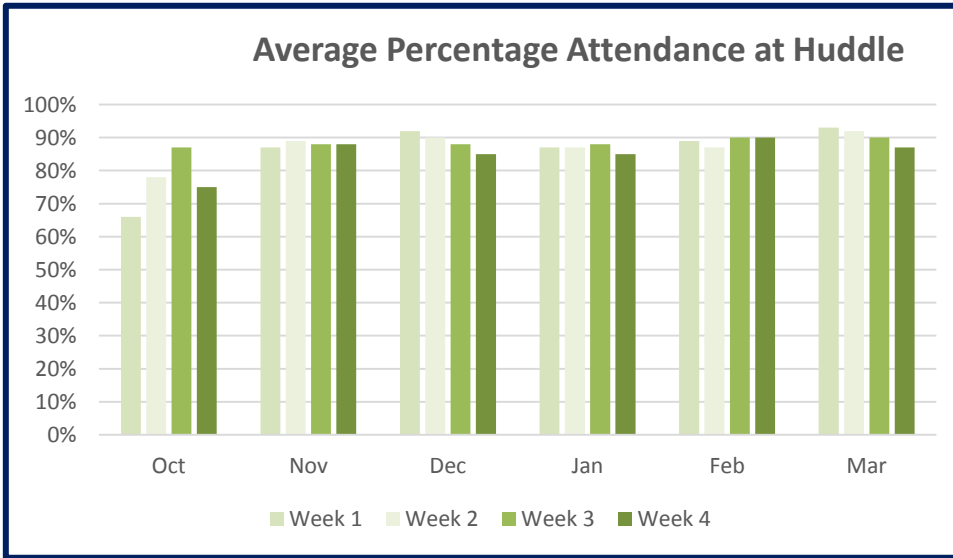
Clare Slevin
on behalf of the
DOSH Working Group

Stock take

What has worked well - FC

- ✓ Spent time planning – did not rush ***'Fail to plan, plan to Fail'***
- ✓ Good support from the organisation
- ✓ Opportunities for phone- in
- ✓ Chair rotation
- ✓ Action log tracking
- ✓ Dedicated administration /coordinator
- ✓ Huddle highlights - a good addition

Huddle Measures - MD



Start on time: 100%
Finish on time: 99%

Number of Actions	Closed within time frame	Closed within 48 hours of time frame	Closed within or over 72 hours of time frame
139	113	8	18
100%	81%	6%	13%

Actions Categorized

Utilities	Staff Incident
Infection Control	Emergency Event
New Hospital	Equipment
Reduced Services	Facilities
Patient Incident	Complaint

What were the challenges – BL

- Attendance- making sure the right people there
- Voice projection
- Reporting styles- what detail to report
- Post huddle communication

What are the benefits - BL

- Providing support to units - staffing issues, service not covered
- Patient Information – unplanned transfers, safety issues, complaints
- Disruptions due to new build – changes on site access, egress, noise, enabling works, aspergillus
- Awareness of – security issues, utility failures, events
- Awareness of flow –
- Improved communication – Storm, bad weather
- Starting to highlight clinic numbers, attendances
- Conversations after the huddle

QID Role - SR

- Attended the project group
- Liaison with external reference sites
- Literature review
- Sourcing examples of good huddles
- Support with tools/ templates and QI methodology

What is next for NRH DOSH - BL

- Further work on the types of information being brought to the huddle
- Keep an eye on communication post huddle – is the information getting to all staff ?
- Start to evaluate the huddle – survey all staff and those that attend
- How can we improve the follow up on issues that come up ?

Advice for QI Talktimers – MD

- **Leadership is key** to support – board, executive, clinical and non clinical staff
- **Build on existing similar successful initiatives** e.g.- built on the enthusiasm and success of the night huddle
- **Preparation** prior to going live e.g. setting up a working group.
- **Agreeing on guiding principles, ground rules** – standardising the format etc.
- **Refer to other sites** – adapt to suit your own organisation's needs
- **Tweaking** - need to constantly check to see if the huddle is working and what needs to change.

Helpful links

Framework for Improving quality

www.qualityimprovement.ie

Improvement Knowledge
and Skills Guide

<http://www.hse.ie/eng/about/Who/QID/aboutQID/>

