HRET HIIN Leadership Virtual Event

Huddle Up for Safety

May 18, 2017

11:00 a.m.– 12:00 p.m. CT

American Hospital Association

HRET HEALTH RESEARCH & EDUCATIONAL TRUST

Shereen Shojaat, MS| Program Manager, HRET

WELCOME AND INTRODUCTIONS

Summary Disclosure & Accreditation Statement

AHA/HRET Hospital Improvement Innovation Network (HIIN)
Leadership Rounding: Huddle Up for Safety
Online Live Webinar
May 18, 2017

The planners and faculty of the HRET HIIN "Leadership Rounding: Huddle Up for Safety" webinar have indicated no relevant financial relationships to disclose in regard to the content of this presentation.

ABQAURP
American Board of Quality Assurance and Utilization Review Physicians

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical education through the joint providership of the American Board of Quality Assurance and Utilization Review Physicians, Inc. (ABQAURP) and Health Research & Education Trust (HRET). ABQAURP is accredited by the ACCME to provide continuing medical education for physicians.

The American Board of Quality Assurance and Utilization Review Physicians, Inc. designates this live activity for a maximum of ***1.0 AMA PRA Category 1 Credits™***. Physicians should only claim credit commensurate with the extent of their participation in the activity.

ABQAURP is an approved to provide continuing education for nurses. This activity is designated for **1.0** Nursing Contact Hours through the Florida Board of Nursing, Provider # 50-94.

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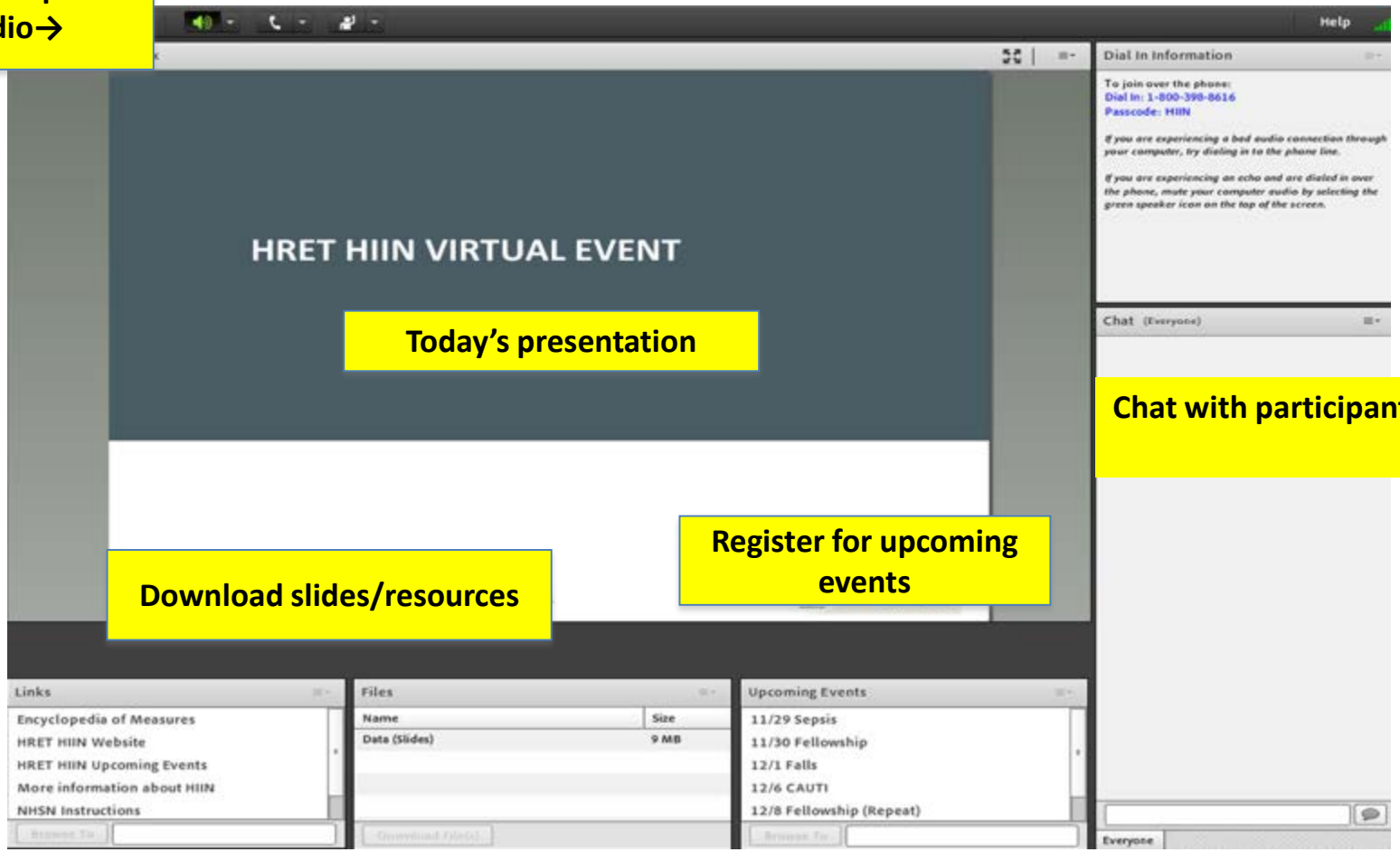
Webinar Platform Quick Reference

Mute computer audio→



Poll: How did you get here?

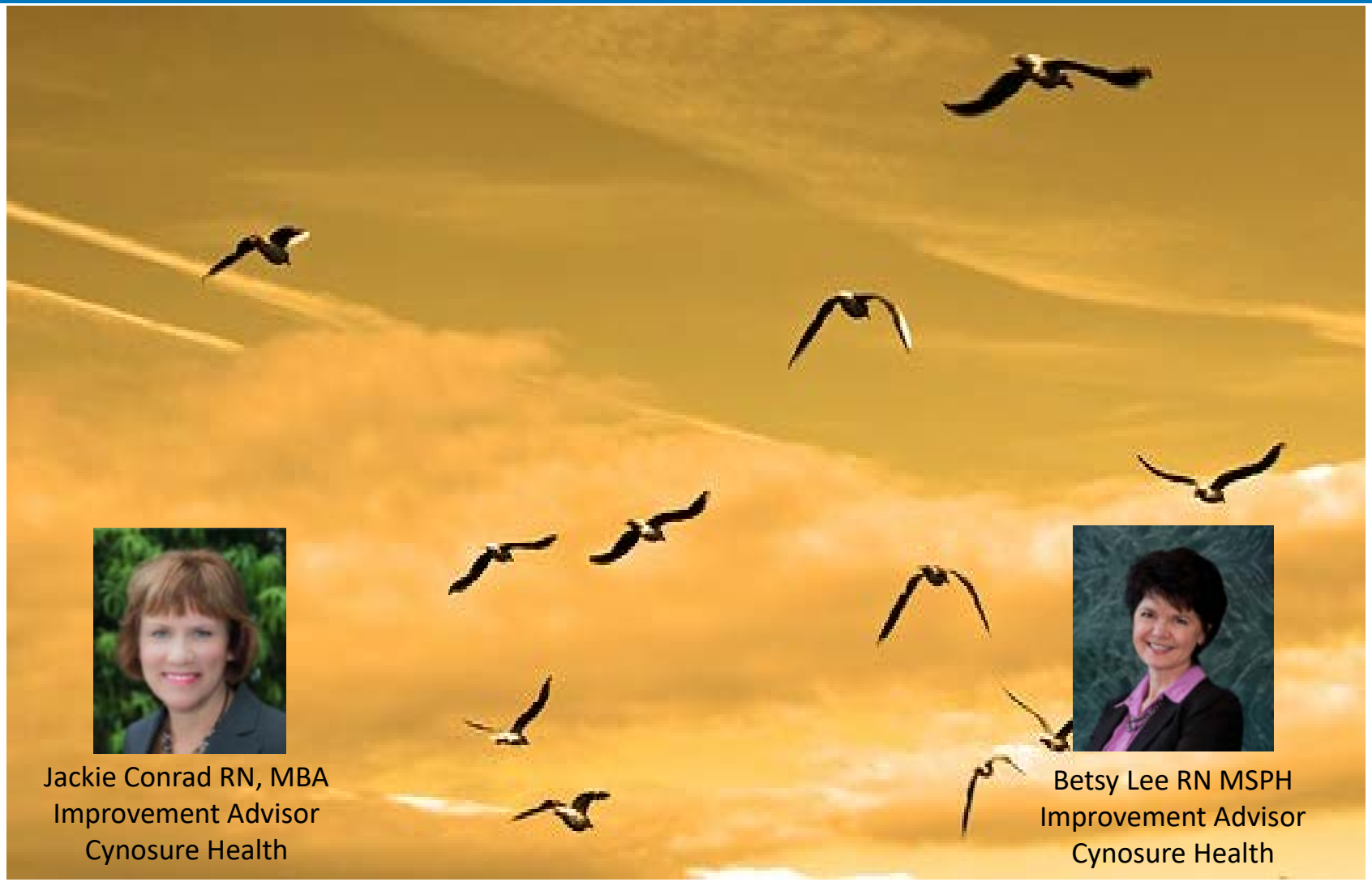
How did you hear about today's virtual event?

a. HRET HIIN flyer
b. HRET HIIN website
c. HRET LISTSERV
d. State hospital association
e. QIN-QIO
f. Your organization/colleague
g. Other, please specify

Today's Agenda

Time	Objectives	Speakers
11:00 a.m. – 11:03 a.m.	Welcome and introductions	
	Introduction to today's event and agenda overview.	Shereen Shojaat, MS Program Manager, HRET
11:03 – 11:10 a.m.	Framing: The Leadership Imperative	
	Leaders' actions speak louder than words. Distinguish leadership briefings and huddles as a key strategy to demonstrate your organization's commitment to safety.	Jackie Conrad, RN, MBA, RCC Betsy Lee, RN, MSPH Improvement Advisors, Cynosure Health
11:10 – 11:20 a.m.	Leadership Briefings – a starting point, not a destination	
	Examine the connection between leadership visibility in safety briefings and how this activity can accelerate your organization's work in strengthening your culture of safety using principles of high reliability organizations as a foundation.	Matthew Schreiber, MD Chief Clinical Officer, Newark Beth Israel Medical Center (NBIMC)
11:20 – 11:30 a.m.	A Hospital's Journey to HRO	
	Follow a case study of Middlesex Hospital's commitment to zero harm through application of High Reliability concepts and how leadership huddles helped transform their culture.	Kristina Kehlenbach, MPT, PT, BS Patient Safety Officer Claire M. Davis, BSN, RN, BHA, CPHQ, FNAHQ Director of Quality, Patient Safety and Patient Experience
11:30 – 11:50 a.m.	Hospital Case Studies	
	HRET HIIN hospitals will present on their hospital initiatives including: • System wide, multi-campus safety briefings • Hospital Leadership Safety Briefing • Unit or Departmental Safety Huddle – clinical and non-clinical	Megan Carter, MSN, RN, PCCN-CMC, CNML Nurse Director, Baptist Health Louisville Lori Thorp Associate Vice President, Eskenazi Health
11:50 – 11:58 a.m.	Questions from the Audience	
	Open dialogue among attendees with presenters.	All Attendees
11:58 a.m. - 12:00 p.m.	Action Items and Next Steps	
	Close today's discussion with action items and next steps.	Shereen Shojaat, MS Program Manager, HRET

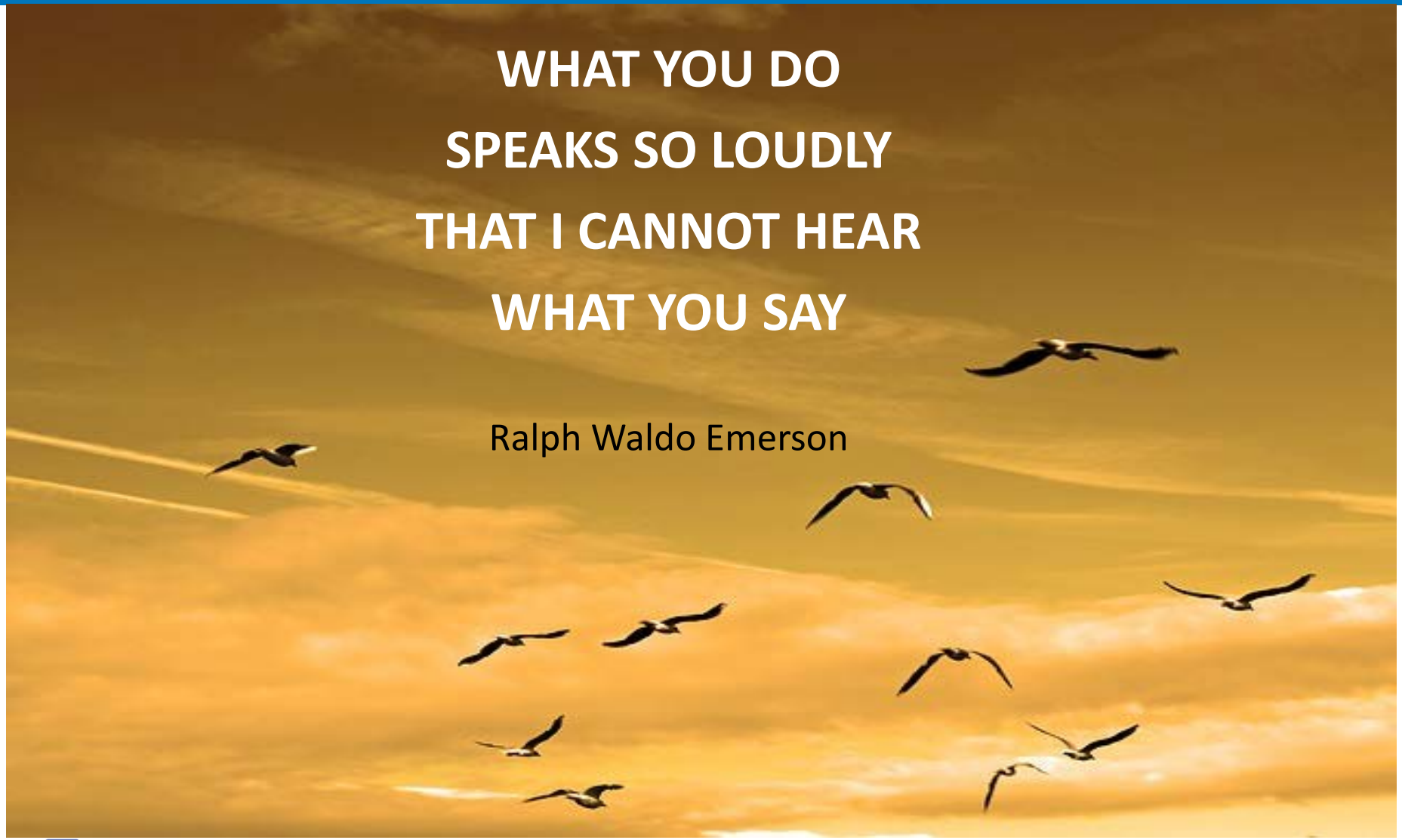
Framing



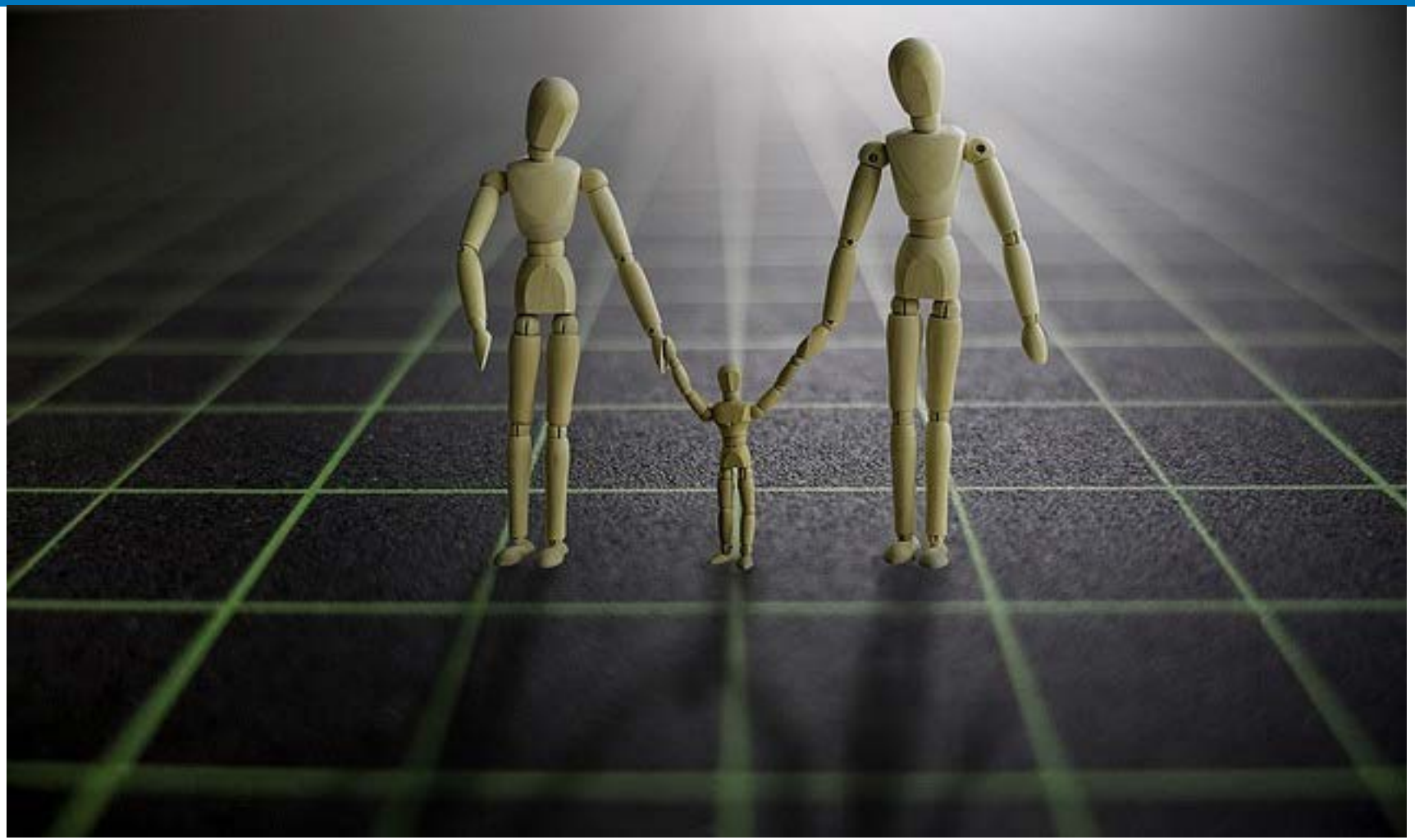
Jackie Conrad RN, MBA
Improvement Advisor
Cynosure Health

Betsy Lee RN MSPH
Improvement Advisor
Cynosure Health

What is important to you as a leader?


WHAT YOU DO
SPEAKS SO LOUDLY
THAT I CANNOT HEAR
WHAT YOU SAY
Ralph Waldo Emerson

Psychological Safety and Reliability



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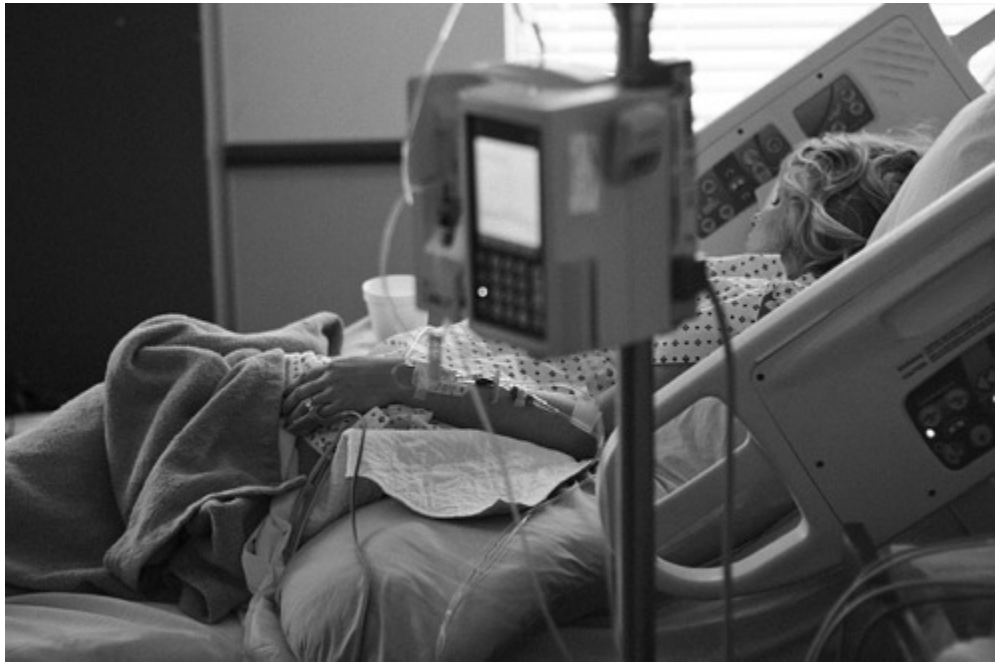
Leadership Engagement is Key

- Vital Leadership Behaviors to Promote Reliability:
  - Structure opportunities for staff to speak up to call out safety events or gaps
  - Make the “rounds”
  - Listen and learn
  - Act to resolve issues
  - Close the loop

Huddle to Show What is Important

- Daily leadership safety briefings– 20 min max.
- Unit-level huddles – “Five at Five”
- Post-event huddles/debriefs:
  - Gather data for RCA
  - Provide emotional support to patients, families and staff

Prioritize Rounding



Include patients and families:

- Leadership rounding for influence
- Interprofessional rounds at the bedside
- Hourly “purposeful” or “intentional” rounds

Safety Huddles

Matthew J. Schreiber, MD

Chief Clinical Officer

Newark Beth Israel Medical Center |RWJ Barnabas Health

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Purpose

- Enables 5 Principles of HRO
  - Pre-occupation with failure
  - Reluctance to simplify
  - Sensitivity to operations
  - Commitment to resilience
  - Deference to expertise
- Leadership presence
- Reinforces the safety message
- Situational awareness/bi-directional communication
- Cultural cornerstone for problem solving

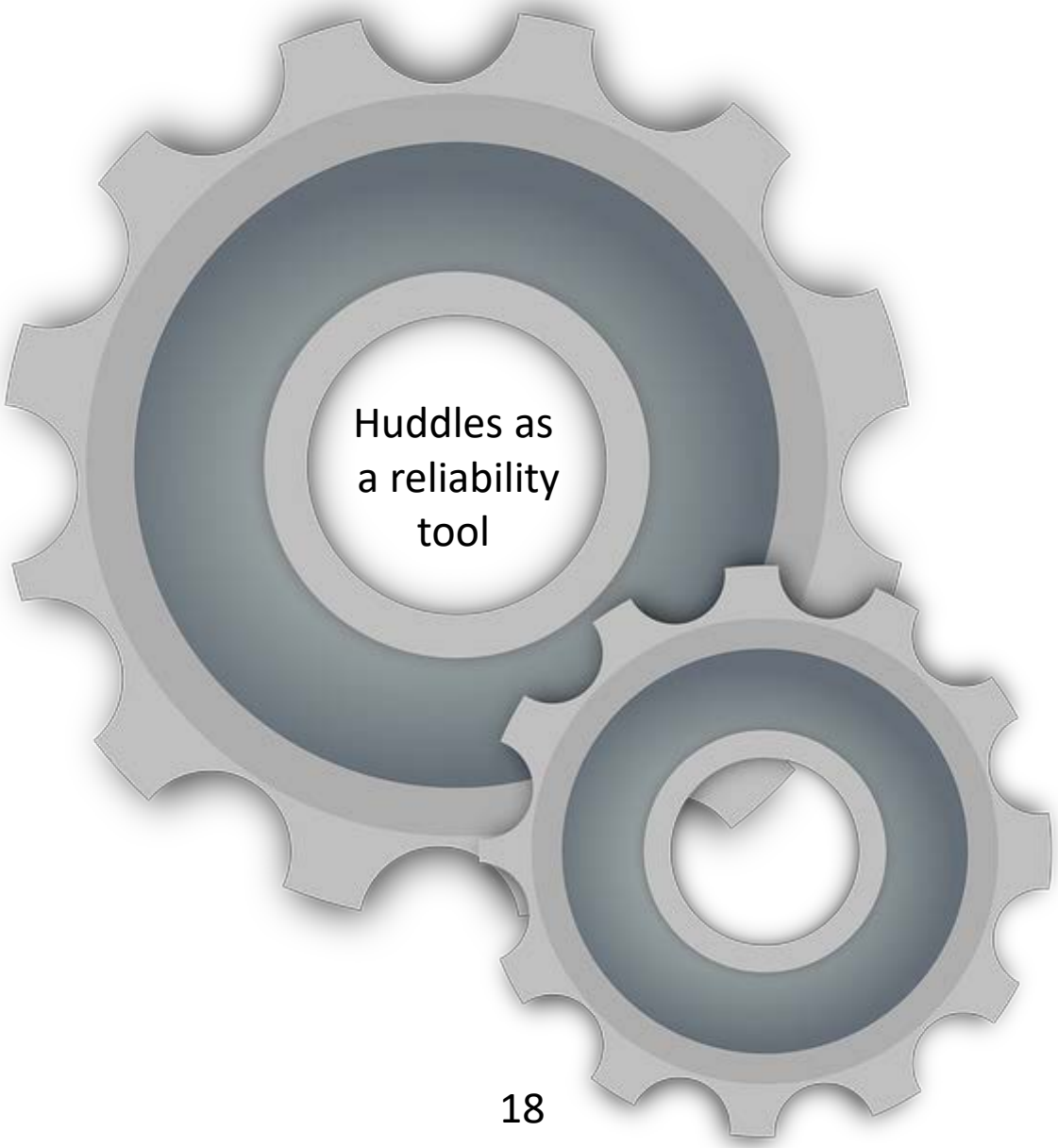
Structure of Huddles

- Led by senior leaders
- “Whole house representation”
- At least M-F, prefer daily, same place/time
- In person preferred
- Max 15 min.
- Focus on surfacing, not solving, issues
- Good to combine key operational metrics/pt flow and staffing issues
- Past, next 24-hour focus
- Clinical and non-clinical

Best Practices

- Start with a safety/experience story
- Thank-you notes signed by all delivered to home
- Notes go out daily to manager and above
- Tracking board and Excel spreadsheet
- Special interest stats [e.g.# mislabeled, days since last fall, days compliant on O2]
- 15-min post-huddle solution group
- Connect dept/shift huddles to whole house huddle
- Tag leadership to admin on call schedule
- Round to influence after huddle

Hospital Case Study



High-Reliability Organization
The Middlesex Experience

Kristina Kehlenbach MPT, PT, BS
Patient Safety Officer

Claire Davis RN, MHA, BSN FNAHQ
Director of Quality, Safety and Service

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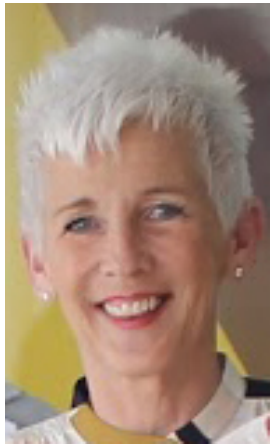
Quality and Patient Safety Experts

Jesse Wagner MD
CMO/VP of Quality and Patient Safety

Kristina Kehlenbach MPT PT BS
Patient Safety Officer



Claire M. Davis
BSN RN BHA MHA CPHQ FNAHQ
Director of Quality, Patient Safety and Patient Experience

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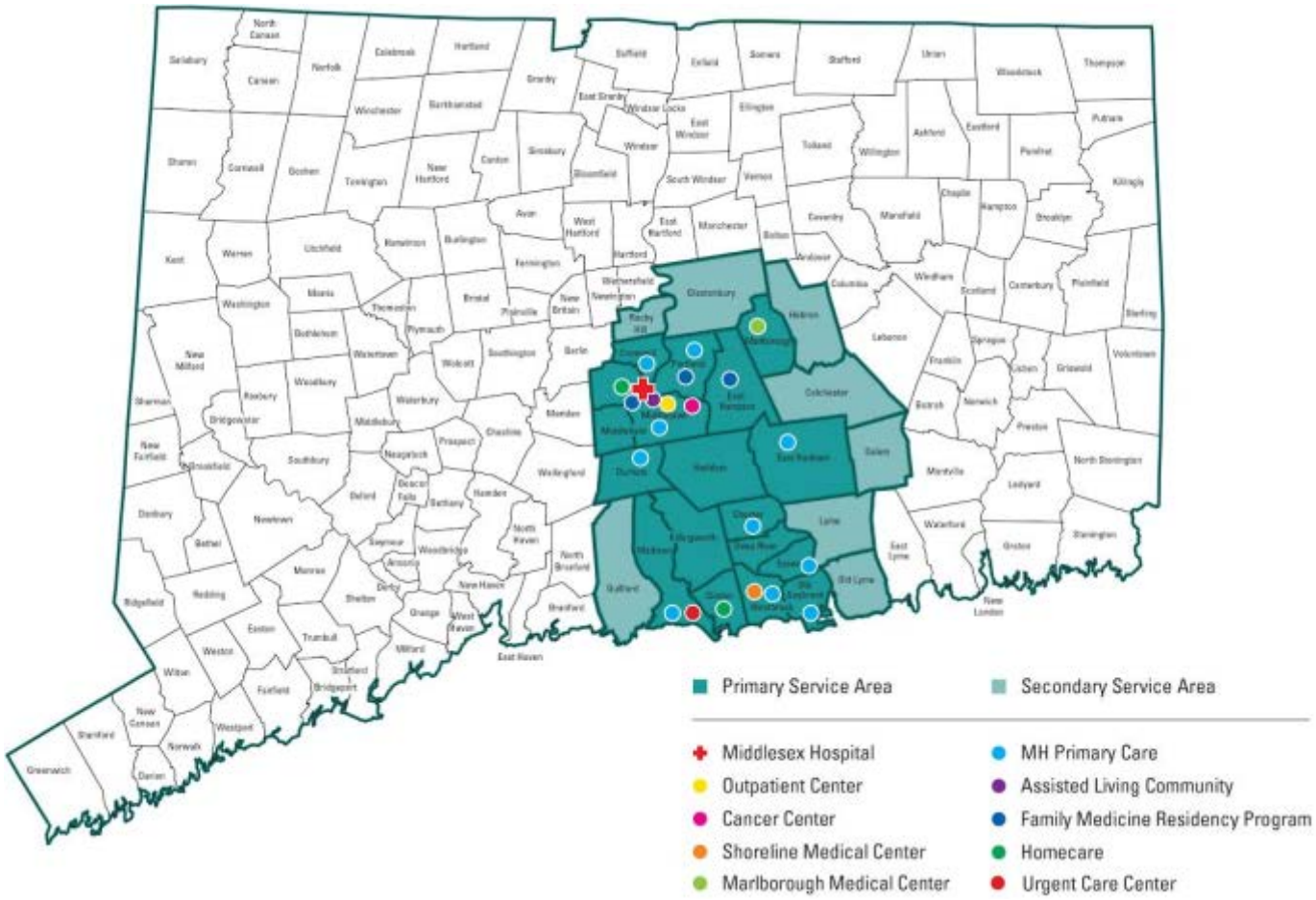
Middlesex Hospital



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What is it about?

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What drove Middlesex Hospital to HRO?

- First, do no harm
- Desire to transform safety culture
- Hospital and system survival

Steps to Achieve Reliability

- Senior leadership ownership and oversight
- Senior leadership responsibility
  - Safety huddle
  - Implementation

Steps to Achieve Reliability

- Transparency
- Fair and just culture
- Safety toolkit for staff

Middlesex Hospital HRO Goals

- Sustainability

Robust Safety Coach Team

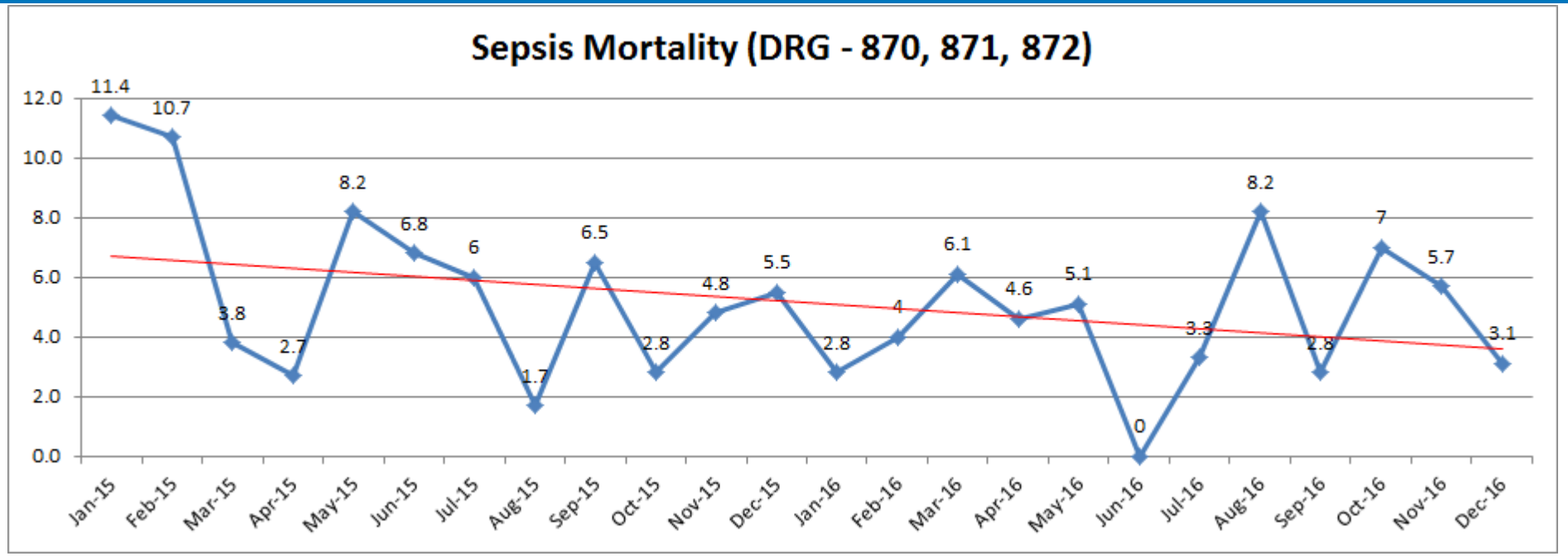
Reporting Mechanisms

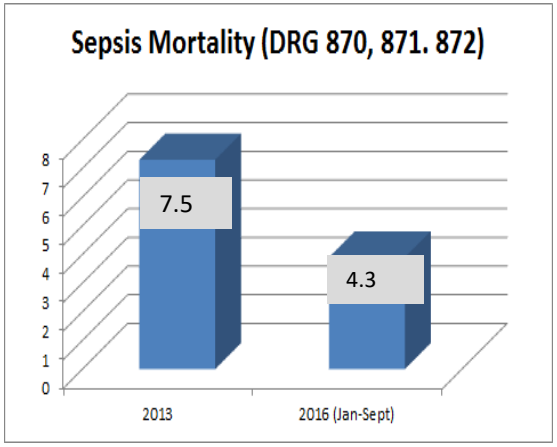
- Electronic reporting system
- Safety huddle
- Peer review
- Safety coaches
- Nursing peer review
- Risk Management

Achievements

- 70% decrease in serious safety events
- Days since last serious safety event
- Improved reporting culture
- Clear focus on patient and staff safety
- Resilience

Sepsis Mortality





43% reduction in sepsis mortality rate from 2013 to 2016

http://www.calculatorcat.com/math/percent-gain.html

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Serious Safety Events

Failure of **early identification** and **treatment** of **sepsis**

2013	2014	2015	2016	2017
		Ø	Ø	Ø

HRO supports everything you do, and it becomes who you are

Thank You!

Questions? Kristina.kehlenbach@midhosp.org

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Leadership Huddles in a Large Acute Care Facility

Megan Carter MSN, RN, PCCN-CMC,
CNML Nurse Director

Baptist Health Louisville, Kentucky

About Us

- 519 bed acute care facility in Louisville, KY
- Magnet hospital
- Disease-specific accreditations:
  - Stroke
  - Hip/Knee
  - Heart failure
  - MI

Getting Started

- Champions
  - Dr. Jahn - Chief Clinical Officer, System
  - Karen Newman - CNO Champion at Louisville
  - Dr. Worthy - CMO Champion at Corbin
- Resources
  - Peer Mentor hospital – Owensboro Health, KY, via CNO
  - Advocate Health Safety Huddle video - Advocate Video Web Link
  - AHRQ publications and evidence, advice for leaders on becoming HRO
- Formal training occurred at each site to heighten system awareness among senior leaders regarding patient safety
- Focus to transition culture to patient safety as opposed to risk mitigation

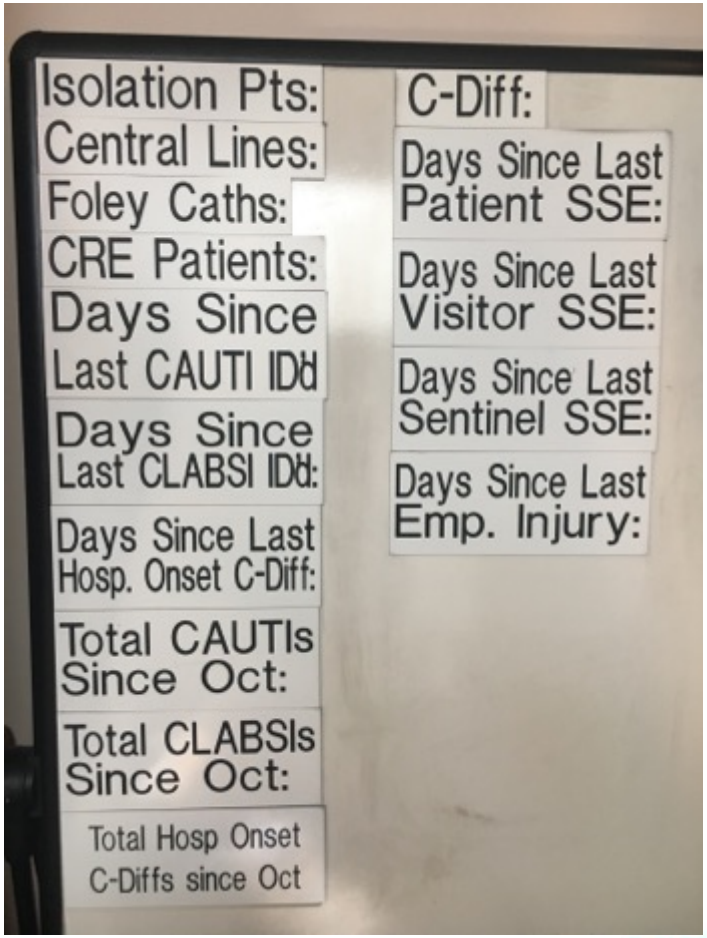
Leadership Safety Huddle Logistics

- Lead by VP, attended by all VPs and Directors
- 0830 Mon-Fri sitting in Chapel
- Duration approximately 15-20 minutes
- Each department reports in order
  - Safety issues, updates on previous issues, known impact to patients/staff
- Recorder takes minutes each day
- Anything that requires closure is discussed the next day

Leadership Safety Huddle

- Departments reporting:
  - Quality
  - Patient Experience
  - Nursing Units
  - EVS
  - Biomed
  - Engineering
  - Lab
  - Pharmacy
  - Clinical Informatics
  - Risk Management

- Huddle Board



Connecting with Staff

- Directors receive daily morning updates from their staff
- Directors share Leader Huddle insights with staff at their unit/dept huddles
- Example:
  - EHR downtime
  - Equipment or supply issues
  - Patient flow barriers
  - CAUTI/CLABSI number of lines, etc.

Barriers and How They Were Resolved

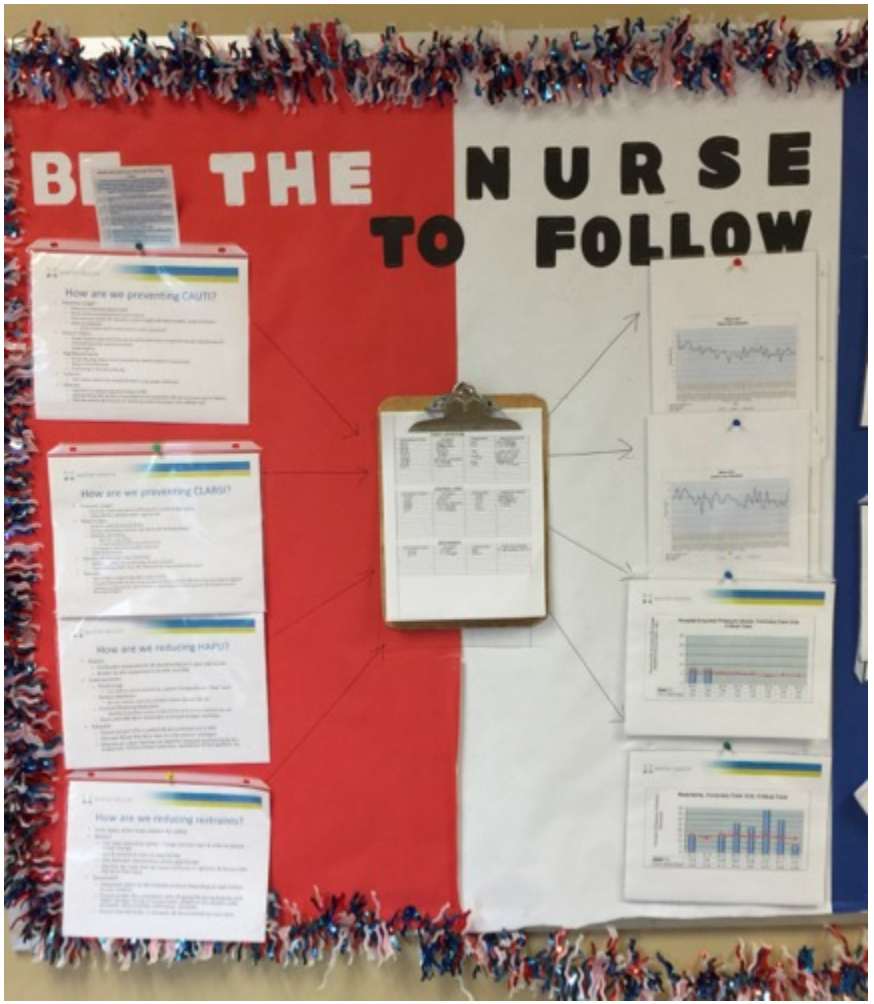
- Ensuring that core/common elements of the huddle were maintained while tailoring to the variation in facility sizes (system initiative)
- Commitment to carving out the time every day (not as challenging as thought)
- Must have commitment to safety at the highest level of the organization/executive team must model the way
- Remember, this is a journey

Post-event Huddles and Debriefs

Post-event Huddles:	Debriefs	Safety RCAs
• Falls • Code Blue	• Traumatic events • Peer support	• Risk events • CAUTI/CLABSI

Outcomes and Data

- Outcome
  - 70% reduction in CAUTI in critical care
- Data Collected
  - Line-utilization reports
  - Days since and event summaries



Wrap-Up And Next Steps

- Daily commitment to safety reporting has positively impacted hospital outcomes
- Planning to implement Daily Management Huddles in pilot units and Administration via Process Excellence model
- Questions?

Megan Carter: megan.carter@bhsi.com

Nursing-Focused Leadership Huddles

Lori Thorp, AVP

Rehab Services, Medical Supply Store, Medical Transport, Food and Nutrition

Eskenazi Health, IN

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About Us

- Indiana's oldest and largest public healthcare system
- Safety-net hospital
- 315 beds
- Provides primary care and specialty care

ESKENAZI HEALTH

Indianapolis, IN

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How It Started

- CNO and other leaders learned of best practices through the Patient Safety Coalition
- Site visit to Cincinnati Children's Hospital

- Started at Eskenazi with the move to the new hospital December 2013

Safety Huddle Participants

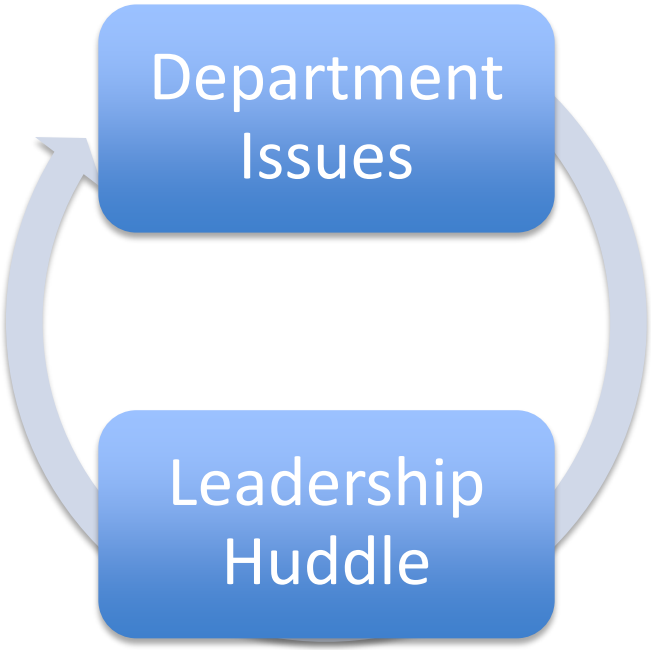
- Leader
  - CNO Lee Ann Blue
- Attendees
  - Nursing Managers
  - Rehab
  - OR
  - Risk Mgt
  - Quality
  - Facilities
  - Spiritual care
  - Supply chain
  - EVS
  - Emergency Mgt
  - Pharmacy
  - Radiology
  - Respiratory
  - Others

Logistics

- Daily at 0800 and 1500
- 15 minutes
  - Bed huddle: 5 minutes
  - Safety: 10 minutes
- Each nursing unit presents
  - Census, caths, lines, sitters, safety concerns
- Each department presents safety issues
- Dial-in access for those not on campus
- CNO or designee keeps notes

Close the Loop

- Each leader/unit rep. brings relevant issues back to team
  - Visits patients with new isolation or identified at risk in huddle
  - Catheters and lines reviewed by ICP
- Resolve any outstanding issues for following day



Problem Surfaced….and Solved

How Leadership Supports

- Administrator on duty
  - Attends huddles when on call
  - Dials in to weekend and holiday huddles as able
- Leader rounding for influence
  - Patient
  - Employee

Wrap-Up

- Leadership huddles are helpful and continue to grow
- Recommend a conference line to improve access
- Questions? Lori Thorp lori.thorp@eskenazihealth.edu

Jackie Conrad and Betsy Lee| Cynosure Health

OPEN DIALOGUE

Leaders, It's All Up to You!

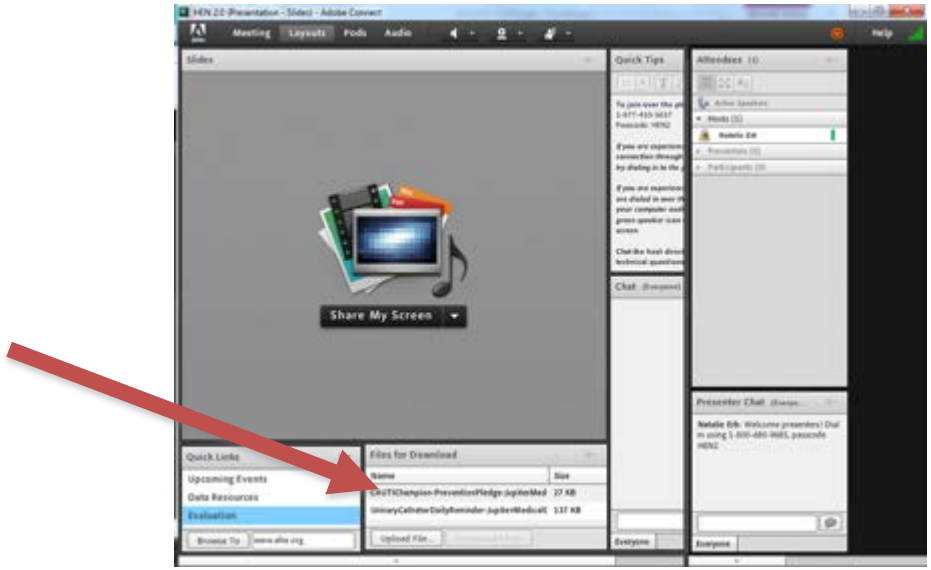
- Acknowledge progress and celebrate improvements
- Articulate the "why", not just the "what" and the "how"
- Seek first to understand the challenges of frontline staff
- Provide "sensemaking" to senior leaders and frontline teams to link actions to results

Shereen Shojaat| Program Manager, HRET

ACTION ITEMS AND NEXT STEPS

Continuing Education Credits

- Launch the evaluation link in the bottom left-hand corner of your screen.
- If viewing as a group, each viewer will need to submit separately through the CE link.



2017 Culture of Safety Change Package


PART 5: APPENDICES

APPENDIX I: CULTURE OF SAFETY TOP TEN CHECKLIST

Associated Hospital/Organization: HRET HIIN

Purpose of Tool: A checklist to review current interventions or initiate new ones to ensure a culture of safety in your facility.

Reference: www.hret-hiin.org

Culture of Safety Top Ten Checklist

1. Include patient and workforce safety data and improvement activities in presentations to the board, as well as in unit level and organization quality and safety meetings.
2. Implement daily leadership safety briefings to create shared understanding of patient and workforce safety vulnerabilities, foster mutual support and disseminate information about safety events.
3. Institute Leadership WalkRounds™, integrating both patient safety and workforce safety issues. Effective rounds give leaders the opportunity to observe processes and actively listen to the front lines, patients and families about their barriers and concerns, and to gather ideas for improvement.
4. Encourage reporting of patient safety events, near misses and work conditions that present physical hazards or psychological safety risks. Make reporting easy and ensure that processes exist for confidential and anonymous reporting, if needed. Reward reporting and celebrate "good catches."
5. Establish reporting, peer intervention and escalation processes to quickly extinguish disruptive, unprofessional and disrespectful behaviors.
6. Appreciate and acknowledge small wins and positive behaviors. Schedule team celebrations and integrate storytelling to prioritize joy and meaning in work and foster well-being.
7. Implement a safe patient handling and movement program. Involve front-line teams in choosing equipment and developing and implementing training programs.
8. Conduct a hazard assessment for conditions that contribute to unsafe work conditions, including risks for needle stick injuries, infection transmission, musculoskeletal injuries, disrespectful behavior, bullying and workplace violence.
9. Utilize simulation training with interprofessional teams to promote effective team behaviors, situational awareness, mutual support and anticipatory critical thinking. Use handoff communication training and process design as an opportunity to develop improved team communications.
10. Use a standard approach to balance individual accountability with leadership accountability for systems issues when addressing adverse events. Integrate support for care team members involved in an adverse patient event or workplace violence event as part of the response.

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[Culture of Safety Change Package Link]

Resources - LISTSERV

- Join the LISTSERV®
  - Ask questions
  - Share best practices, tools and resources
  - Learn from subject matter experts
  - Receive follow-up from this event and notice of future events

Upcoming Virtual Events

- **PFE Fundamentals | Session #3: Preparing Patient and Family Advisors: Orientation**
  - 5/23 11:00 a.m.-12:00 p.m. CT
- **Readmissions | Reduce Readmissions Fishbowl Series 1**
  - 5/25 11:00 a.m.-12:00 p.m. CT
- **Physicians Inclusion**
  - 5/31 11:00 a.m.-12:00 p.m. CT
- **Antibiotic Stewardship Program | The Secret of Getting Ahead is Getting Started**
  - 6/1 11:00 a.m.-12:00 p.m. CT

Thank You!

Find more information on our website:
www.hret-hiin.org

Questions or Comments: HIIN@aha.org