Huddling Up for High Reliability

Amid all the impressive training and technology … the countless hours of education and hands-on experience … the leadership of CHI Memorial in Chattanooga has found one of the best ways to impact outcomes is by simply touching base with each other every day.

"We began a high reliability journey with our parent company, Catholic Health Initiatives, in 2011," explained Melissa Roden, RN, BS, CPHQ, vice president of Quality for CHI Memorial. Although CHI Memorial was already routinely recognized as one of the nation's "100 Top Hospitals" prior to 2011, one of the hallmarks of high reliability organizations is the continual drive for improvement.

Melissa Roden, RN, BS, CPHQ

Roden said part of that journey was to implement a leadership huddle where everyone could come together to discuss key metrics at the start of each day with a focus on safety and patient experience. "You keep current events in front of the leadership team for quick response," she explained of increased awareness of frontline operations. "It's just one small component of a high reliability system, but it's probably one of the most important components."

The daily safety huddle is held with system level leadership in the main hospital's command center. Those who are housed offsite dial in by phone and webcam for remote access so they are part of the conversation, as well. Roden noted the meetings typically last only 15 to 20 minutes and never more than 30. "It's an art," she said with a laugh about how much ground is covered in a short amount of time.

"We talk about our census at each of the two hospitals," she said, adding the team takes note of available ICU, Telemetry and ER throughput to make plans accordingly.

"We look at how many days it's been since our hospital's last serious patient safety event and the evidence-based criteria to classify each reportable event," Roden continued. "There are certain injury types that we ask nurse managers to report on at the huddles," she said, adding any incidence of pressure ulcers, falls, or hospital-acquired infections across all 17 patient care units are reviewed. Additionally, she said, the leadership team looks closely at the potential for harm to both patients and staff members to mitigate risks on the front end.

"We keep a running list of any safety concerns or issues and then follow up on those every day," Roden said of a large white board that clearly lists metrics being tracked. The visual aid really works, she noted. At one point staffing challenges in phlebotomy raised a concern that physicians didn't have all the necessary labs for early morning rounds. Roden noted the completion percentage rate was as low as in the 70s on some days. By putting the concern on the white board and focusing attention on the issue, the department now routinely exceeds its goals. "Phlebotomy reports every morning on the percentage early morning lab timely completion. The goal is 95 percent … we now run between 95 and 100 percent daily," she said.

During the huddle, the leadership team evaluates challenging patients to see where staff might need added support. In addition, they monitor all patient encounters that might include the need for an interpreter for the deaf or for patients with limited English proficiency.

"And we always ask if there are any patients or families who wouldn't give us a high patient satisfaction score and try to resolve those issues in a timely manner."

The morning huddle also includes system-wide announcements and "good catches," celebrating team members across the enterprise who exemplify the hospital's culture of caring and safety. "Then we close with a devotion and prayer," Roden noted of getting the day off to the right start.

While the morning huddle is with the leadership team, there are also smaller huddles across the system within units and departments as part of CHI Memorial's lean business process model. "There's layer upon layer upon layer of cultural systems and processes to provide safe and reliable care for patients and our associates," Roden explained. She said the staff has embraced these meetings, which stress accountability. She added, "Our huddle boards aren't hidden so patients, families, physicians, visitors can all readily see them."

Prior to launching the safety huddles, Roden said the system had a higher-than-desired rate of pressure ulcers and falls with injury. "In both cases, we did a lean workout and pulled all the frontline staff together," she noted. "The accountability reporting in the safety huddle, along with the redesign of the system of care, has resulted in fewer events of harm." In fact, she added, the first four years of the system's Safety First initiative has resulted in dozens of patients per year avoiding harm compared to baseline numbers at launch.

CHI Memorial morning huddles start the day with a focus on each team member's role in delivering high quality, patient-centered care.

The Chattanooga-based system has been so successful in their safety endeavors that their parent organization has asked them to film a teaching video to be provided to CHI hospitals nationwide. "I love to share what we do, and I love to receive from others what they are doing," said Roden. This information exchange, she continued, is at the heart of their participation in the Hospital Improvement Innovation Network (HIIN) with the Tennessee Center for Patient Safety. "It's true programmatic sharing of how others are improving safety and systems of care. We can use what they have learned to strengthen our system, and they can use what we've learned."

The Tennessee Center for Patient Safety, a department of the Tennessee Hospital Association, develops and shares hospital and health system success stories and promotes best practices.

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