Creating Healthy Work Environments VIRTUAL 2021

Using Interprofessional Unit Huddles to Promote Communication and Situational Awareness

Kelley Sears, BSN, RN, CPN

Hasbro Children's Hospital, Providence, RI, USA

Background: Communication and situational awareness are critical factors related to patient safety events (Criscitelli, 2015; Fencl, 2019; Green et al., 2017; The Joint Commission, 2017). With today's fast-paced, highly acute healthcare environment, lack of communication and situational awareness among care team members can cause serious healthcare errors (Fencl, 2019). Unit huddles can foster a culture of safety (Criscitelli, 2015) and facilitate change at the agent level within complex adaptive systems such as large acute care hospitals (Butts & Rich, 2018). Unit huddles are intended to improve communication, increase workflow, foster care coordination, promote team thinking (Criscitelli, 2015) and improve the recognition of now-moments of situational awareness (Rizzo Parse, 2018). The nursing staff voiced repeated concerns regarding nurse/physician communication and lack of communication between various professionals on the care team. A review of patient safety events cited communication as a major contributing factor to the potential for patient harm.

Purpose: Design an interprofessional unit huddle to improve communication and situational awareness.

Methods: Various organizational stakeholders came together to create a process to improve interprofessional relationships which can affect communication. Interprofessional unit huddles take place on the unit at a designated time and last between five and ten minutes. Professionals attending the huddles include all clinical and non-clinical unit staff, unit nursing leadership, medical residents, pharmacist, advanced practice manager (quality and safety), case manager, parent consultant, and child life. The huddle is led by the charge nurse and focuses on unit census with situational awareness surrounding patients who are "watchers" (at risk for acute decompensation) and those receiving high risk infusions. Early discharges and any barriers to discharges are identified to maximize flow within the unit. Patients requiring interpreter services for rounds and discharge are identified. Safety concerns can be identified by any of the team members. Questions about medication orders or medication reconciliation are examined. Quality data is also briefly discussed. Parent concerns are relayed to the parent consultant, and patients requiring child life services are acknowledged. Anything requiring further discussion is taken off-line between providers. Unit announcements end the huddle which include relevant messages for the day/week and information that requires dissemination.

Results: Daily interprofessional unit huddles are well attended and timely. Relationship building has occurred with varied disciplines. Patient and safety issues are addressed face to face and in real time promoting communication and situational awareness. Participants report satisfaction with the interprofessional huddles which can improve team cohesiveness, operations, and patient safety.

Conclusion: Interprofessional unit huddles are a strategy to promote communication between various disciplines and improve situational awareness of potential patient

safety events. In addition, fostering team cohesiveness and open discussion among team members can advance a culture of safety within the unit and organization.

Title:

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Keywords:

Communication, Huddles and Interprofessional

Abstract Summary:

Interprofessional daily unit huddles were designed on pediatric general care units to promote interdisciplinary communication and situational awareness that can impact patient safety events and team dynamics.

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First Primary Presenting Author

Primary Presenting Author Kelley Sears, BSN, RN, CPN Hasbro Children's Hospital Assistant Clinical Manager Providence, Rhode Island

USA

Author Summary: Kelley Sears is a certified pediatric nurse and assistant clinical manager on a general care unit in a pediatric level one trauma center. She is also a clinical instructor for a state university BSN program. Kelley will be graduating with her Masters in Nursing Education in May 2021.