

Objective

- Efficient method to create transparency around potential safety risks and support rapid resolution
- Increased focus on patient and staff safety metrics
- Forum for information sharing and recognition

Background

It was identified that the previous Safety Huddle structure lacked cohesive and comprehensive communication, as well as clear and concise expectations for its participants.

Actions Taken

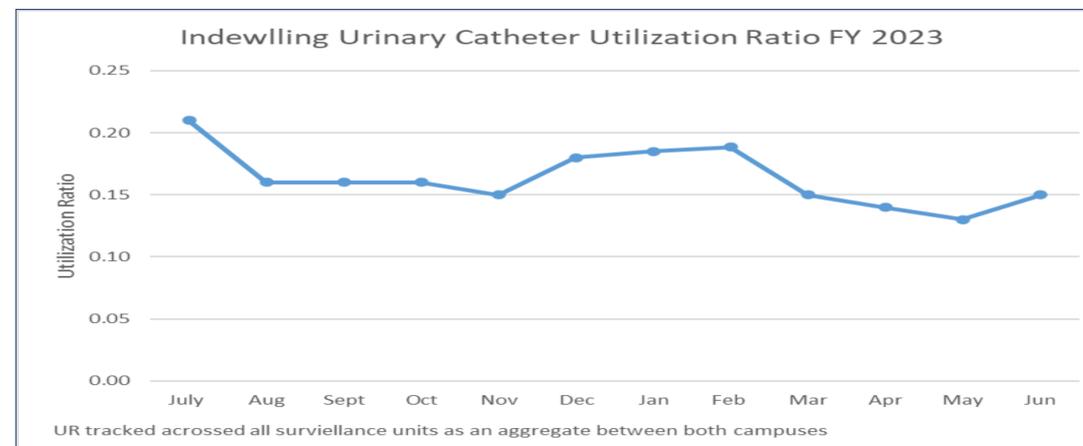
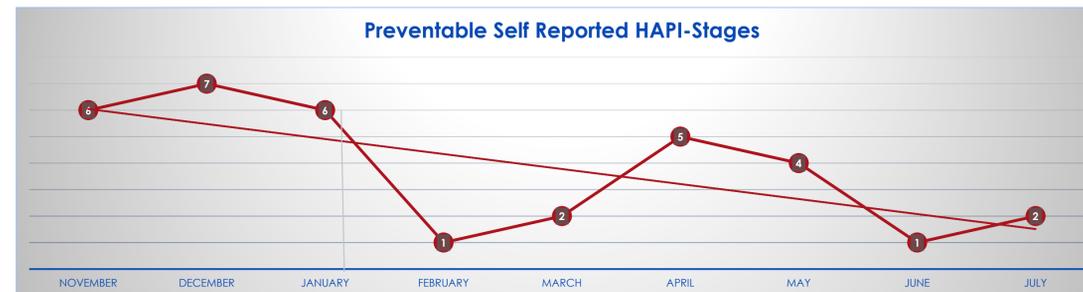
- Created a platform for monitoring patient and staff safety metrics, which is facilitated by Executive Leadership
- 3-tiered structure for escalation of issues requiring action
- Daily discussions around interdisciplinary opportunities
- Expectation for rapid identification and resolution of problems

Tiered Huddle Structure

Bennett Masden / Quality - Patient Safety / Great River Health

Metrics

- *Foley days
- *Hospital-Acquired Wounds
- *Preventable Falls
- *Restraint Documentation
- *Wound Vac Care



Analysis

SEIRMC appreciated a multi campus, aggregated reduction in indwelling urinary catheter utilization. This was attributed to increased attention on device necessity and reduced insertions.

Increase in reported patient safety concerns system-wide following the implementation of the Tiered Huddle structure.

Increased oversight and leadership engagement in Quality initiative to decrease hospital acquired pressure injuries after implementing daily leadership audits and report regarding number of HAPI on each unit.

Next Steps

Continue evaluation of daily agenda to ensure it remains dynamic and focused on priority items

Continue to drive better adherence at Tier 1 and 2 levels

Continue to refine the process for cascading information back down to lower tiers

