

Implementing Safety Huddles During the COVID-19 Pandemic: The Neo-SAFE Project

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Dear Sir,

Situation awareness (SA) is an essential feature of the safety culture in high-reliability organisations (HROs)¹. A key element of SA consists of implementation of safety huddles (SHs) in healthcare. The SHs are short, daily, focused briefing sessions, involving both clinical and non-clinical staff to discuss patient care information. They demonstrably enhance patient safety by improving communication in a blame-free environment². SHs help to improve risk identification, enhance relationships as well as increase incident reporting and ability to voice concerns³.

The Neo-SAFE project was a quality improvement project that aimed to introduce the “Situation Awareness For Everyone” (SAFE) programme⁴ in our unit. The use of the Manchester Patient Safety Framework (MaPSaF) made us realise that our current system was reactive to risk management rather than being proactive. Our goal was to improve SA and patient safety by implementing the SHs as a platform to improve communication, facilitate teamwork and mitigate risks. We focused heavily on education prior to implementation. Over the course of our safety improvement project we had to face the healthcare crisis caused by the COVID-19 pandemic a few months after introducing the SH.

Our first safety huddle occurred on 18th December 2019. The standard “Plan, Do, Study, Act” (PDSA) method was applied. We designed a script focused on the exchange of information between all stakeholders. We customised the script following staff feedback. We went through several script revisions.

A laminated copy was read each morning by a different staff member in order to empower junior staff and to create an equitable environment by eliminating hierarchy during the huddle. We categorised each patient daily according to the British Association of Perinatal Medicine (BAPM) framework. We recorded our nursing staff levels as safe when we were able to meet the BAPM nurse to patient ratio. During the height of the pandemic, all gatherings became hazardous. We decided to continue our face-to-face huddle in the main NICU room, which allowed for social distancing while wearing masks. Our huddle became a '*spreadle*'.

From 5th January to 31st July 2020 a total of 183 huddles occurred at a rate of 81.5%, which increased to 96.7%. A total of 118 potential risks were addressed during the huddle, the majority of which were clinical issues (33.1%) related to major procedures and infection control. The nursing under-staffing represented 21.2% of the identified potential risks overall, with a progressively decreasing incidence over time due to more awareness. The number of incident reports reduced by a third by the end of the six months. Staff became more aware of the many good things that were happening around them and the importance of celebrating them. At the end of the six months we conducted a staff survey. Twenty five staff members participated. The results showed that all surveyed members of staff found the huddle useful, and a good platform to address patient safety issues. Around 33% of those surveyed highlighted some disadvantages of the huddle, mostly related to its duration.

Our data showed that we improved safety by preventing adverse events. The COVID-19 pandemic galvanised staff to find ways to continue the SHs during a very challenging period of uncertainty. The SH to date continues to grow and has become part of the culture in our NICU. It has led to staff empowerment and a sense of community. While SHs are now embedded in our daily routine, our safety journey has only just begun and will continue to evolve over time.

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