

Huddles to Increase Nurse Collaboration and Awareness

Brooke Nobles, RN, BSN, CPN

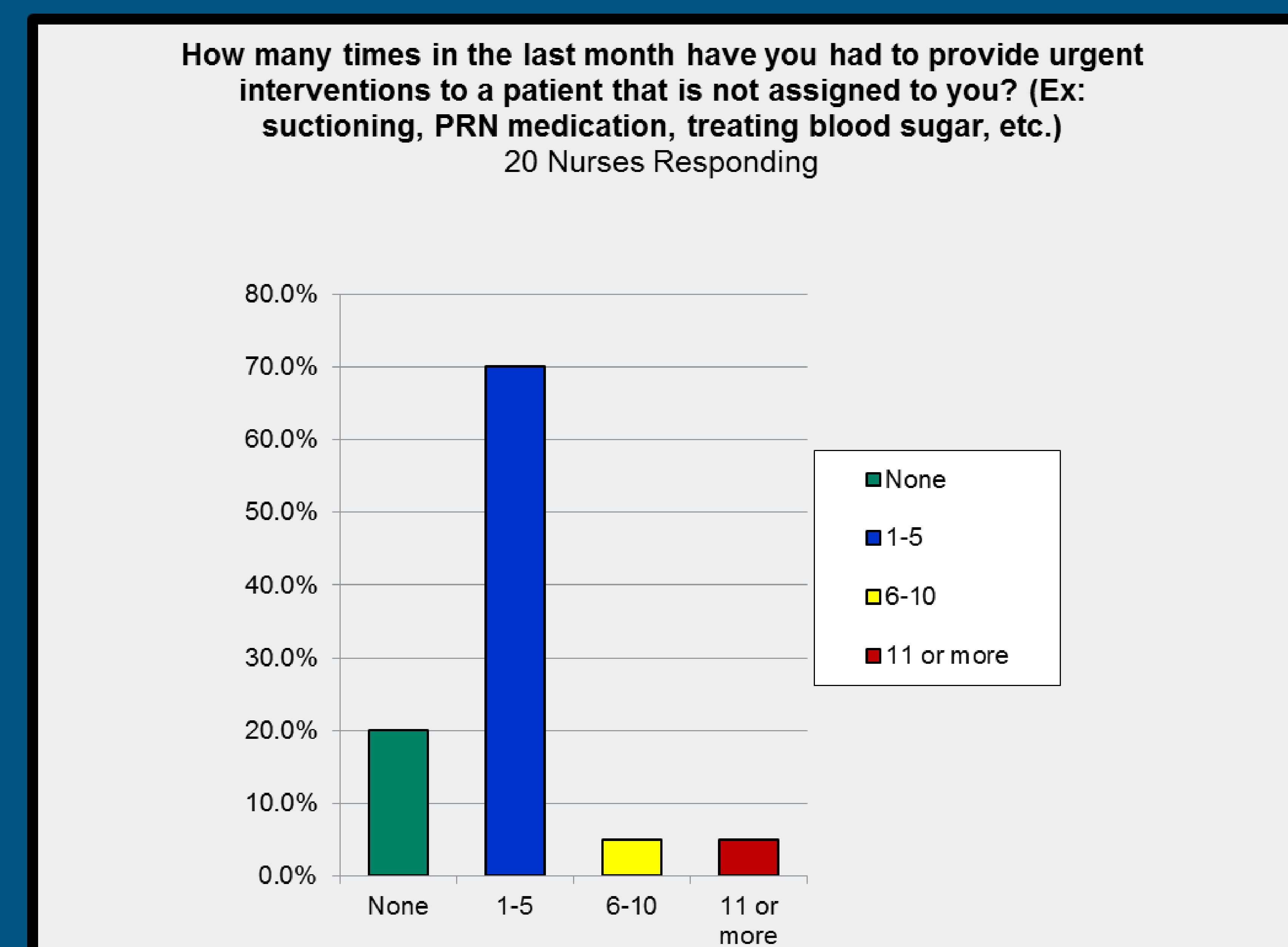
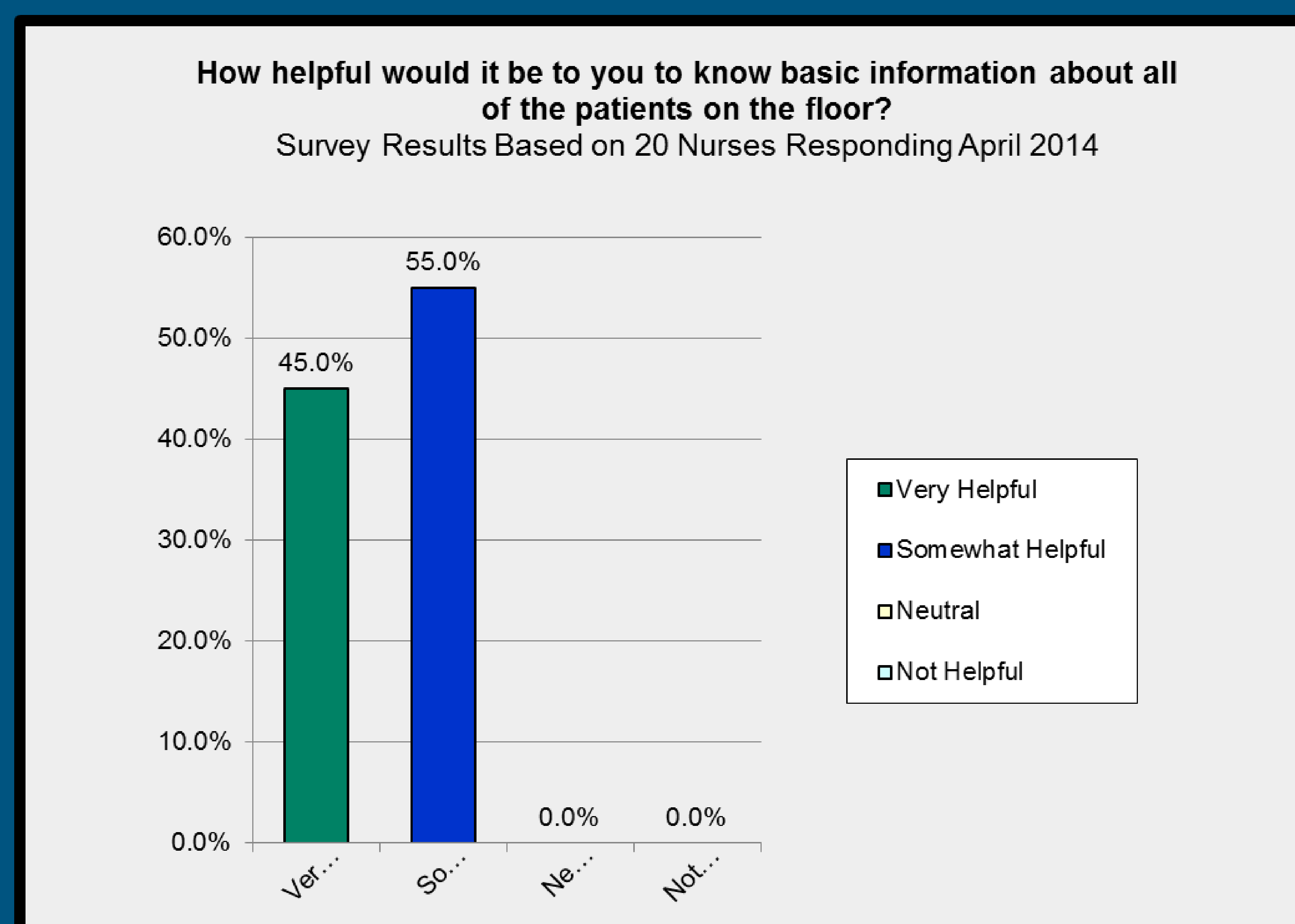
Rebekah Goodman, RN, BSN, CPN



Purpose

Nurses in a 14-bed inpatient pediatric endocrine unit recognized the following problems with bedside shift report

- ↓ collective awareness/teamwork
- ↓ sense of community among nurses
- ↑ nurse frustration
- ↑ patient risk for harm
- Longer shifts
- Late/missed medication administrations





Purpose

PICO Question:

What are best practices to enhance communication of all patient needs to all inpatient unit staff using bedside shift report?



Methods/Change Strategy

A literature search of CINAHL, PubMed, and EBSCO produced 15 relevant articles:

Search terms:	Results:
<ul style="list-style-type: none">• Huddle• Communication• Nursing handoff	<ul style="list-style-type: none">• Two non-experimental research• 13 clinical articles



Methods/Change Strategy

Evidence strongly supports use of huddles to improve:

- Communication
- Collective awareness
- Collaboration/teamwork
- Safety



Pictured above and left:
Endocrine nurses during
beginning of shift huddle



Methods/Change Strategy

Used IOWA model (Titler et al., 2001)

- Pre/post surveys assessing nurse perceptions of teamwork/collaboration and communication
- Tracking of late clock-outs and late/missed medications
- Involving stakeholders
- Developing unit-specific huddle process
 - Change-of-shift huddles
 - Mid-shift huddles
- Developing huddle form
- Educating staff
- Piloting for 9 weeks





Methods/Change Strategy

Room: 3101
Dx: _____
1:1/ 1:3
Isolation: _____
PEWS: _____
CVL/ PICC/ PIV/ Port
O2/ POX/ CAM
Diabetic/ Fast/ NPO/
Diet _____
CPS/ Alone
Restraint/ Sitter
BS Q_____

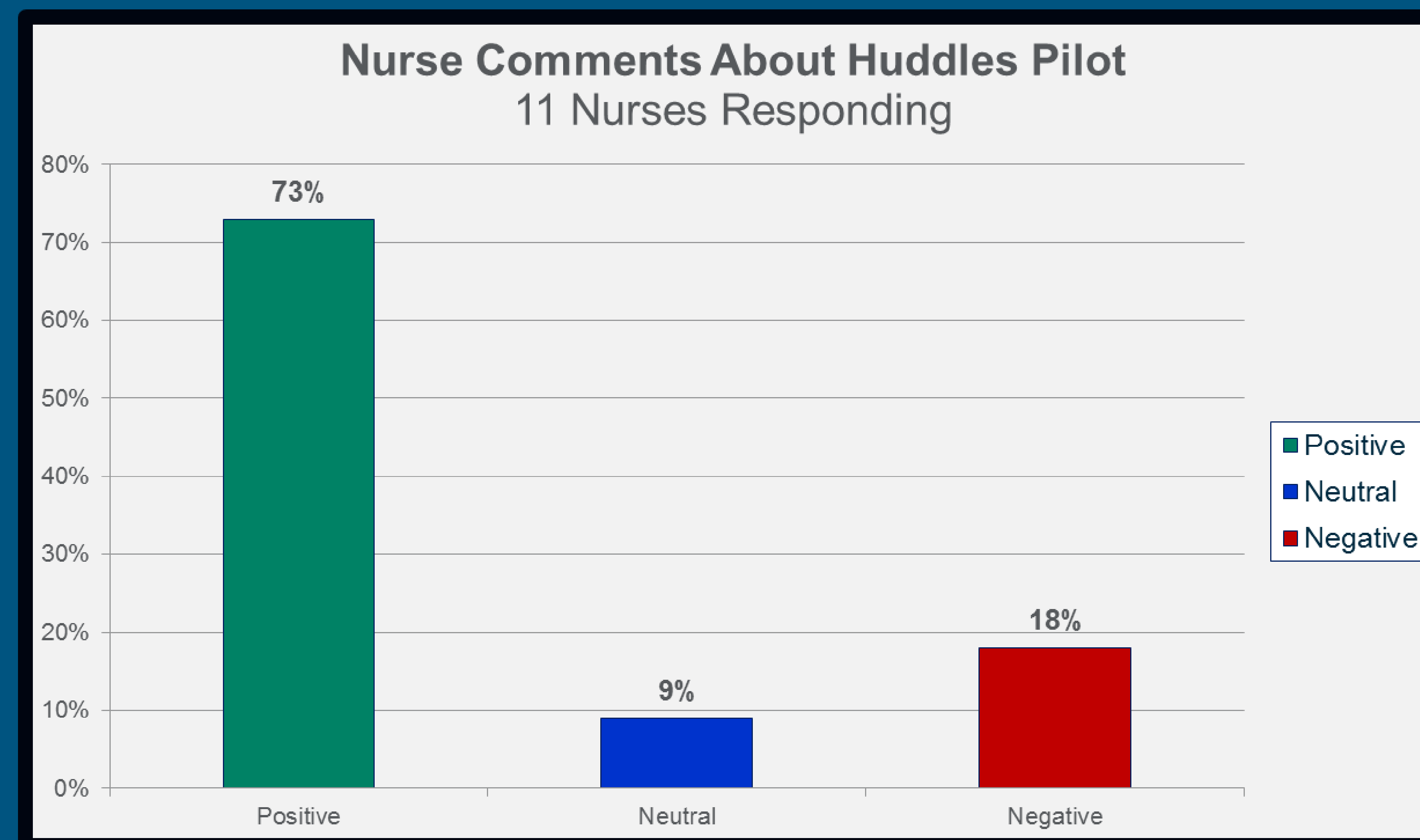
Example of Information on Huddle Form



Outcomes

Post-pilot survey:

- Change-of-shift huddles helpful
- Mid-shift huddles difficult to implement
- Brevity of huddle is key
- Too much information overwhelms nurses

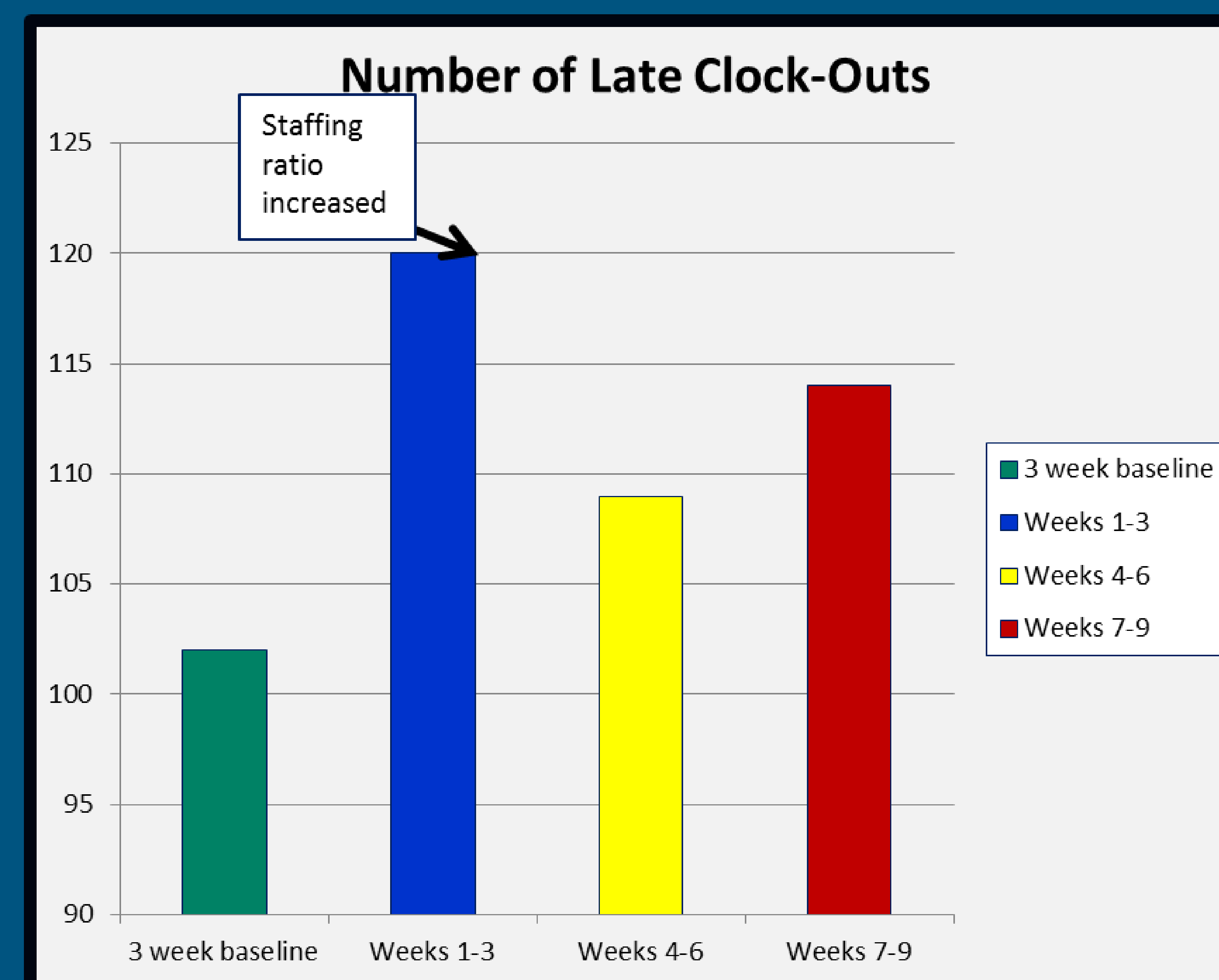
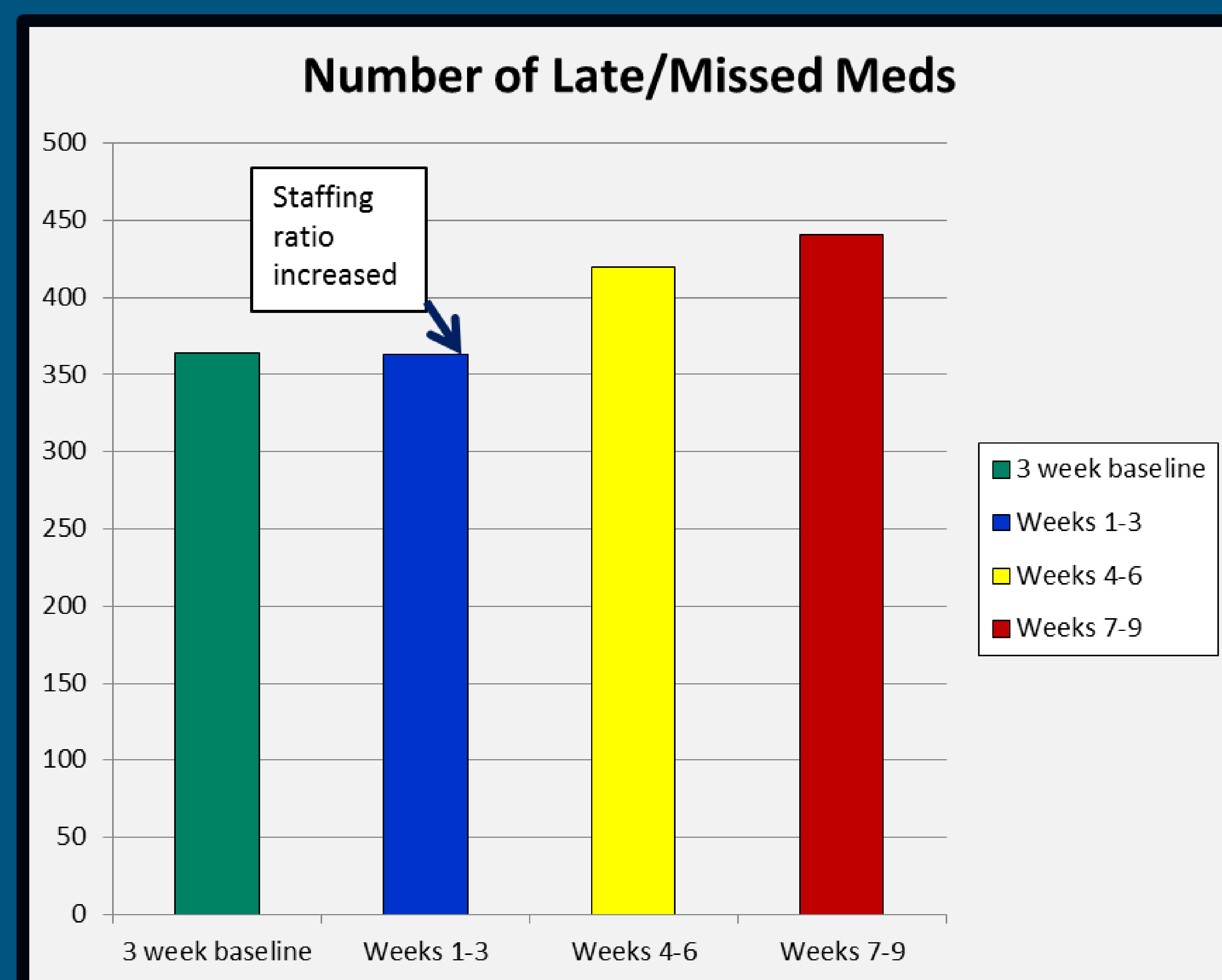


Percentage of nurses with positive, neutral or negative comments regarding huddles.



Outcomes

A change in staffing from 1:4 to 1:5 nurse/patient ratios impacted the project after three weeks of the pilot



An increase in late/missed meds and an increase in late clock-outs occurred by week three of the pilot due to an unexpected increase in nurse/patient ratio.

Implications

Practice changes:

- ✅ change-of-shift huddles
- ❌ routine mid-shift huddles
- Streamlining of huddle form
- Re-education of staff
- Follow-up evaluation





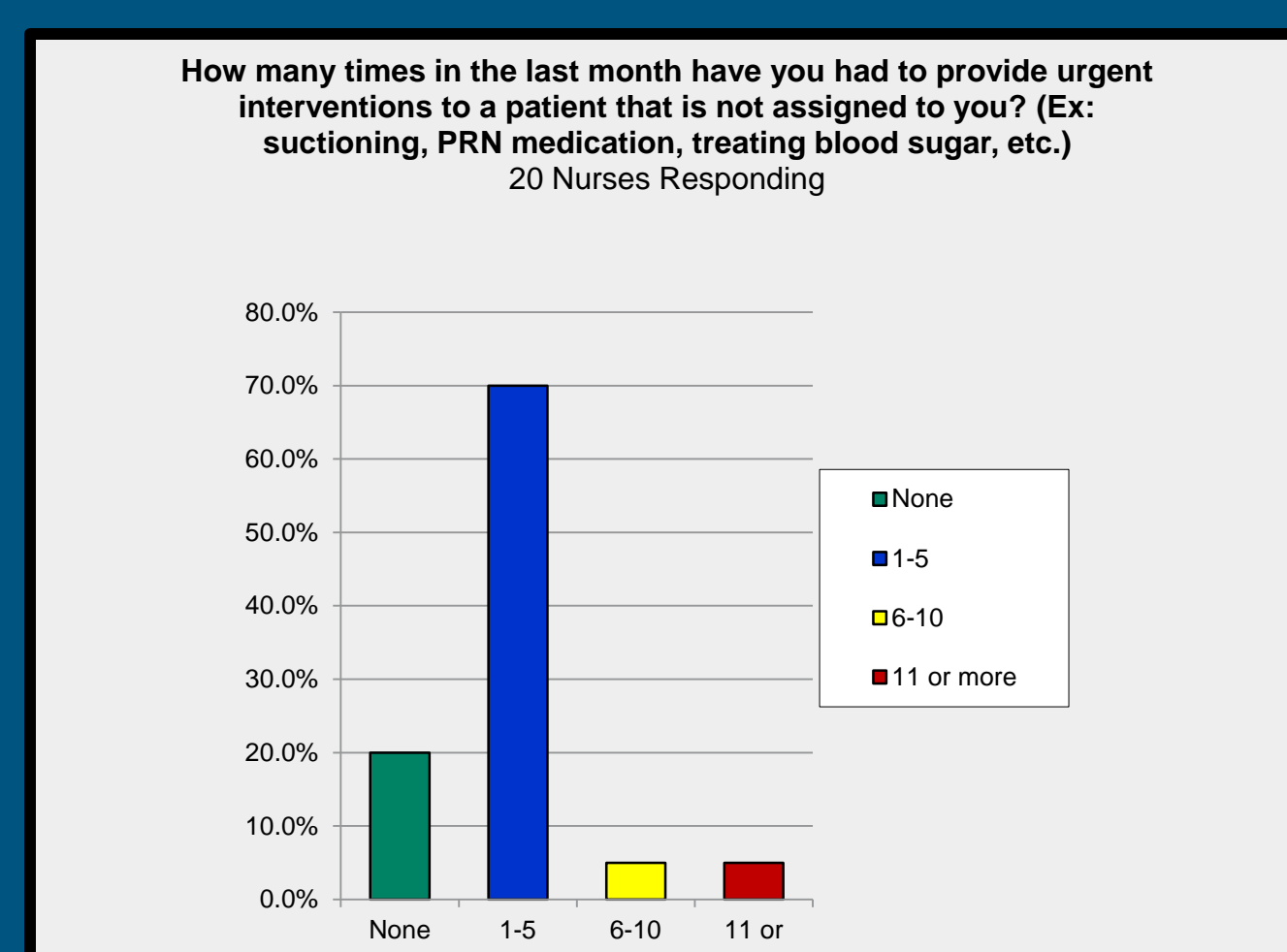
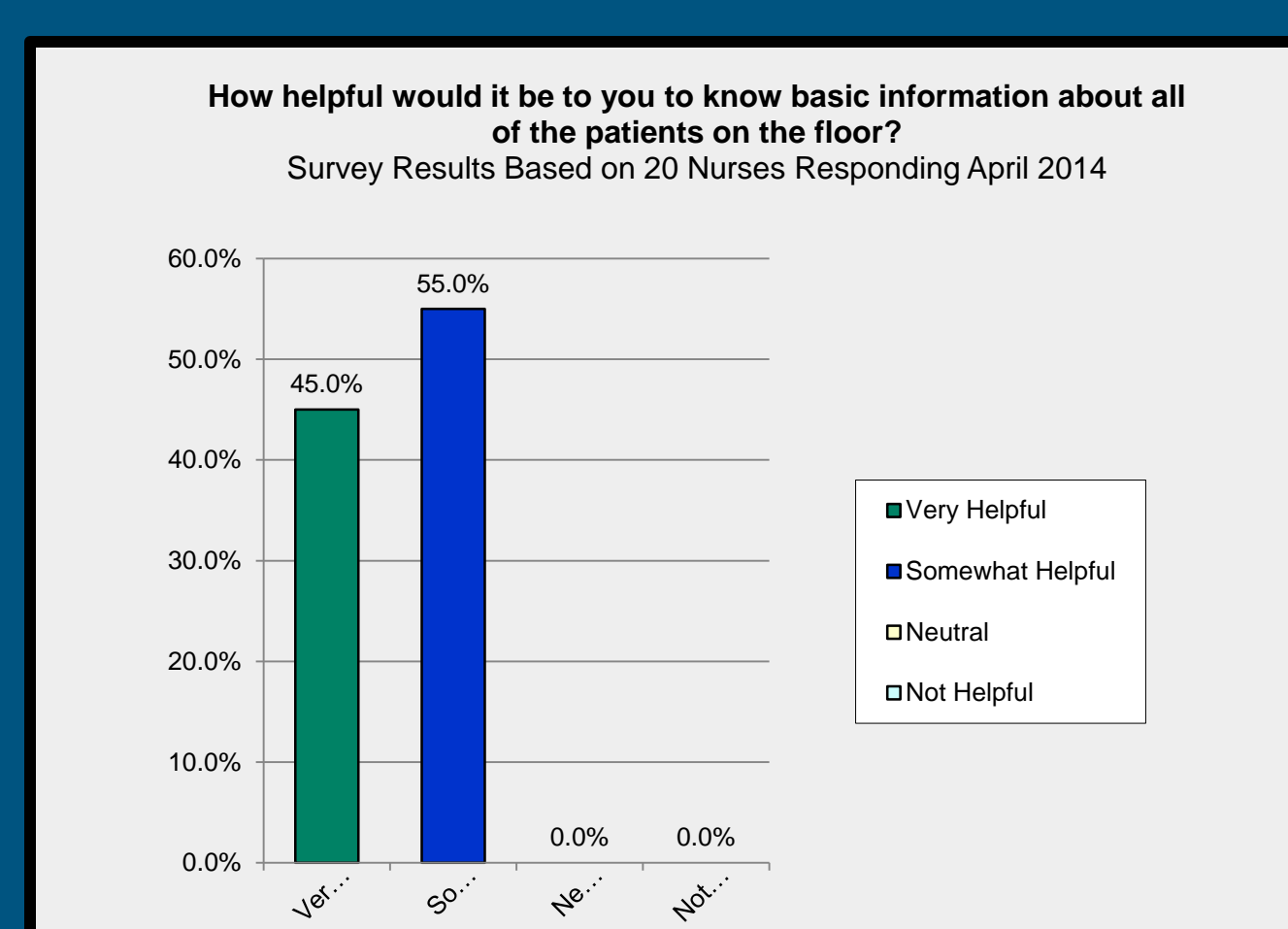
Huddles to Increase Nurse Collaboration and Awareness

Rebekah Goodman, RN, BSN, CPN & Brooke Nobles, RN, BSN, CPN
Cook Children's Medical Center

Purpose:

Nurses in a 14-bed inpatient pediatric endocrine unit recognized the following problems with bedside shift report

- Decreased collective awareness/teamwork
- Decreased sense of community among nurses
- Increased nurse frustration
- Increased patient risk for harm
- Longer shifts
- Late/missed medication administrations



PICO Question:

What are best practices to enhance communication of all patient needs to all inpatient unit staff using bedside shift report?

Evidence/Background:

A literature search of CINAHL, PubMed, and EBSCO produced 15 relevant articles:

Search terms:	Results:
<ul style="list-style-type: none">• Huddle• Communication• Nursing handoff	<ul style="list-style-type: none">• Two non-experimental research• 13 clinical articles

Evidence strongly supports use of huddles to improve:

- Communication
- Collective awareness
- Collaboration/teamwork
- Safety



Pictured above and left:
Endocrine nurses during beginning of shift huddle

Methods/Change Strategy: The IOWA model (Titler et al., 2001) guided this project. The process included:

- Pre/post surveys assessing nurse perceptions of teamwork/collaboration and communication
- Tracking of late clock-outs and late/missed medications
- Involving stakeholders
- Developing unit-specific huddle process
 - Change-of-shift huddles
 - Mid-shift huddles
- Developing huddle form
- Educating staff
- Piloting for 9 weeks



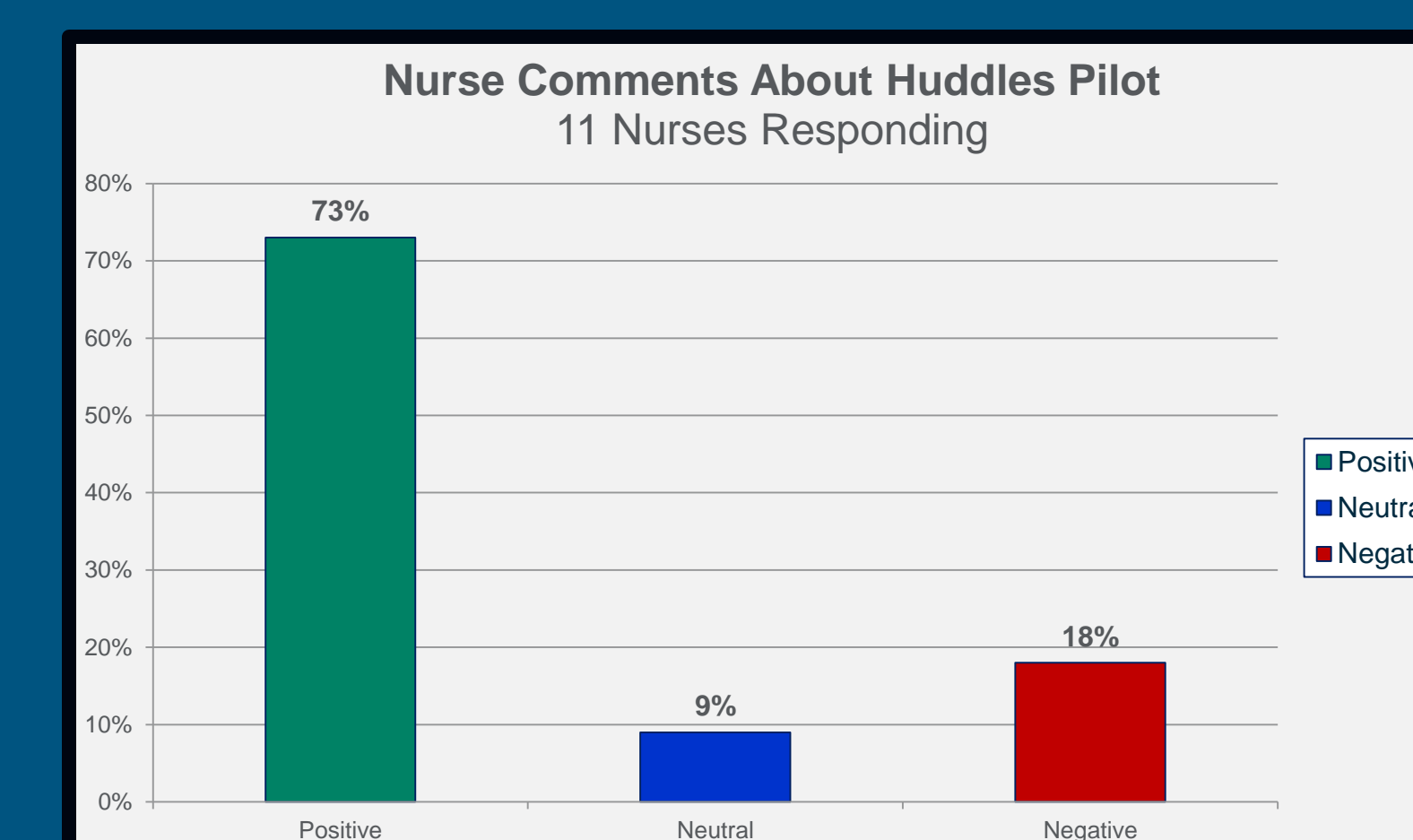
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Example of Information
on Huddle Form

Outcomes:

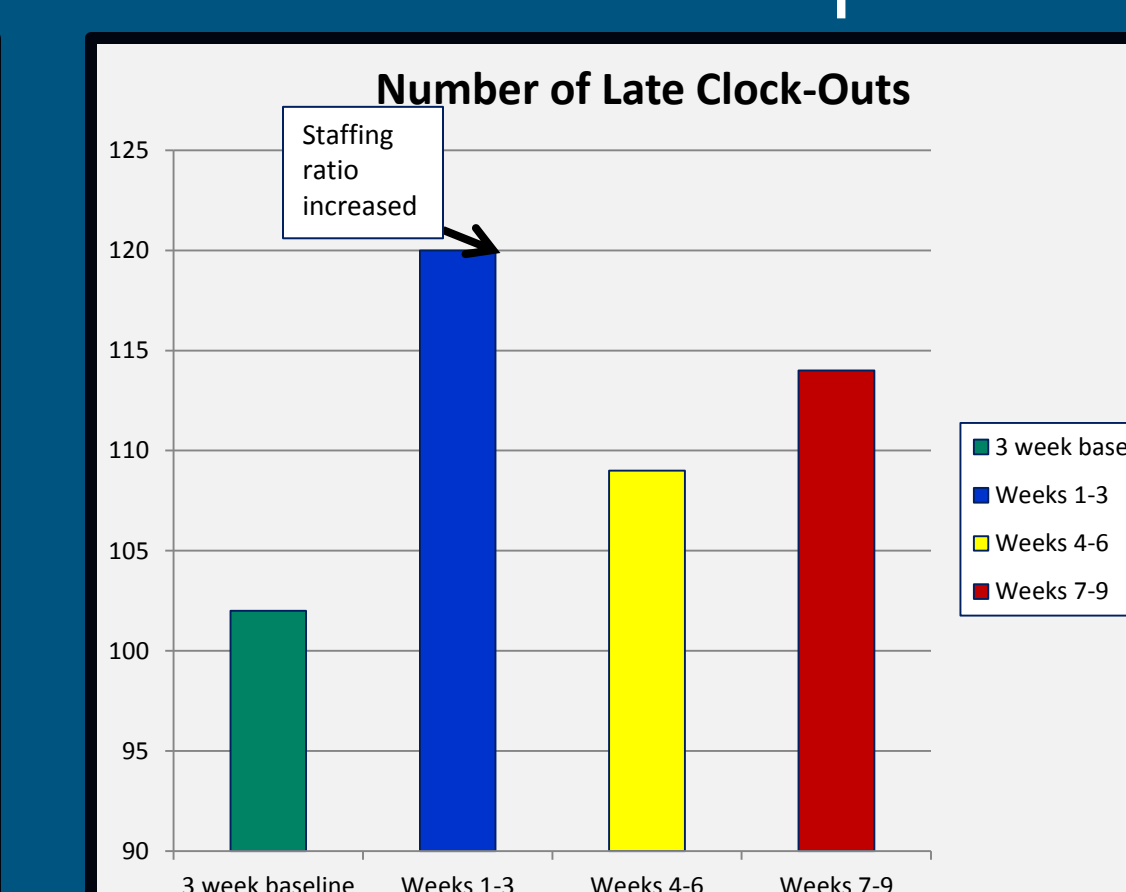
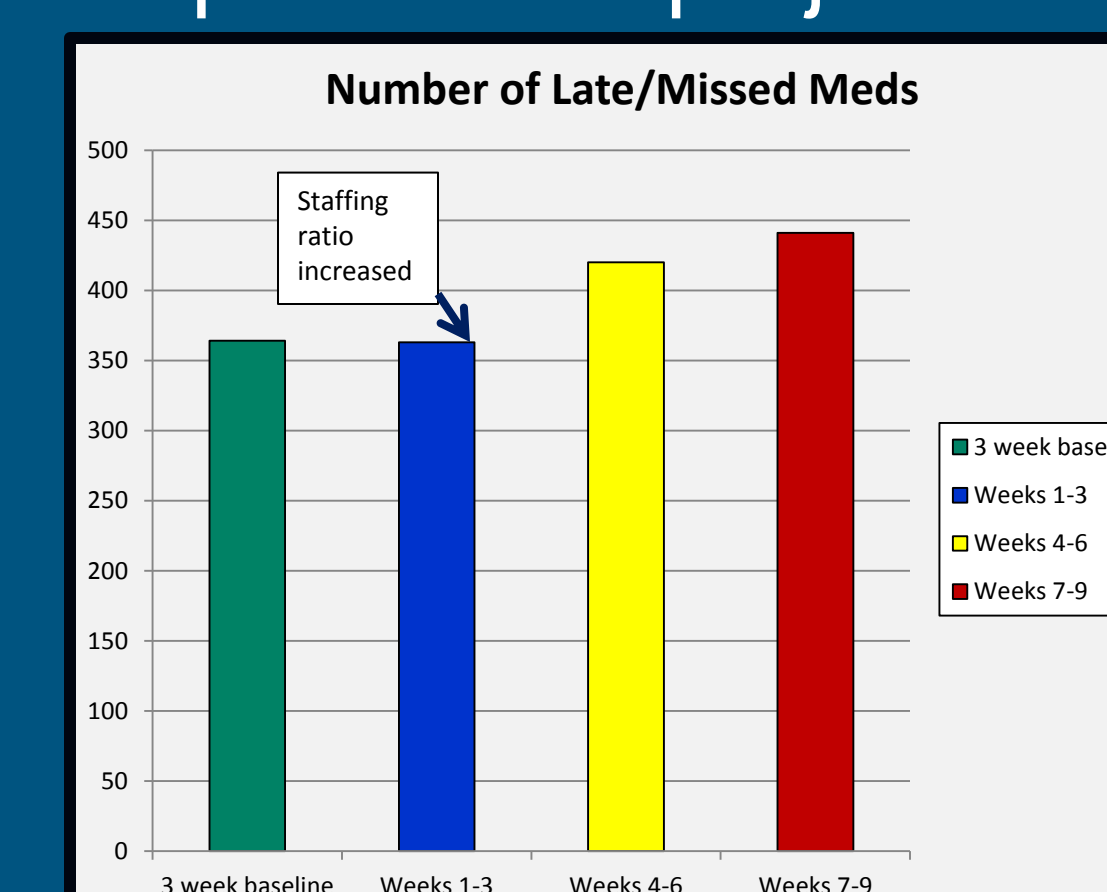
At the end of the pilot survey responses show:

- Change-of-shift huddles are helpful
- Mid-shift huddles are difficult to implement
- Brevity of huddle is key
- Too much information overwhelms nurses



Above graph shows percentage of nurses with positive, neutral or negative comments regarding huddles.

A change in staffing from 1:4 to 1:5 nurse/patient ratios impacted the project after three weeks of the pilot



An increase in late/missed meds and an increase in late clock-outs occurred by week three of the pilot due to an unexpected increase in nurse/patient ratio.

Implications:

The following practice changes are being made:

- Continuation of change-of-shift huddles
- Elimination of routine mid-shift huddles
- Streamlining of huddle form to include only highly pertinent information
- Re-education of staff
- Follow-up evaluation of streamlined huddle form