Tiered Huddles: Empowering Leadership Through Focused Discussions

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President
Cleveland Clinic Medina Hospital
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Cleveland Clinic Care Care Priorities

CARE
Clinical Research Education

Patients
Caregivers
Community
Organization
Tiered Huddles

• Brief, focused daily conversations
• Communication from caregivers to C-suite
• Critical issues escalated within hours
• Visible to enterprise-level attention
# Tiered Huddle Implementation

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1Q 2017</td>
<td>CI team visited Intermountain &amp; Barnes Jewish Healthcare to learn about process</td>
</tr>
<tr>
<td>4Q 2017</td>
<td>CI leaders visited Intermountain and St. Louis Children’s NI Started Tier 2 huddles on main campus</td>
</tr>
<tr>
<td>1/2018</td>
<td>Tier 2 and 3 huddles established at CC Main Campus</td>
</tr>
<tr>
<td>2/14/2018</td>
<td>Tier 4 added on main campus</td>
</tr>
<tr>
<td>2/26/2018</td>
<td>Started Tier 2 Nursing huddles at Hillcrest</td>
</tr>
<tr>
<td>3/26/2018</td>
<td>First Tier 5 huddle</td>
</tr>
<tr>
<td>4/30/2018</td>
<td>First Tier 6 huddle</td>
</tr>
<tr>
<td>5/31/2018</td>
<td>All NE Ohio Hospitals Part of Tier 5</td>
</tr>
</tbody>
</table>
Tiered Huddles at Cleveland Clinic

- Pilot began in January 2018
- Ohio and Florida regional hospitals
- Outpatient clinics report separately
- Iterative list of items to report
- Organized around our care priorities
CCF Tiered Huddles Purpose

• Clear, consistent, efficient method to support caregivers with daily challenges

• Equip leaders to identify issues and support resolution
Tier Participants

- 0700 Tier 1: Unit level with managers/supervisors
- 0800 Tier 2: Managers and directors
- 0930 Tier 3: Nursing directors w/ CNO/ACNO Operations w/ COO
- 1000 Tier 4: President, COO, CNO
- 1015 Tier 5: Hospital presidents, COOs, CNOs (conference call)
- 1100 Tier 6: Enterprise CEO with operations council
Tiered Huddles Standard Tools

• Huddle Board
• Huddle Template
• Action Register
Nursing Tier 4 Huddle Board
## Operations Daily Huddle

**As of 04/30/2019**

<table>
<thead>
<tr>
<th>Category</th>
<th>Target</th>
<th>Actual</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions - Inpatient &amp; OBV</td>
<td>23</td>
<td>44</td>
<td>48%</td>
<td></td>
</tr>
<tr>
<td>Discharges - Inpatient &amp; OBV</td>
<td>25</td>
<td>93</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>ED Visits</td>
<td>70</td>
<td>93</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>ED Admissions</td>
<td>13</td>
<td>25</td>
<td>27%</td>
<td>Report to Occupy &lt; 51 Minutes</td>
</tr>
<tr>
<td>Transfers In</td>
<td>7</td>
<td>9</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td>Current Census</td>
<td>78</td>
<td>92</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No. of patient with LOS &lt; 3</td>
<td>31</td>
<td>92</td>
<td>158%</td>
<td></td>
</tr>
<tr>
<td>No. of patient with LOS &gt; 2 &lt; 6</td>
<td>16</td>
<td></td>
<td>-38%</td>
<td></td>
</tr>
<tr>
<td>No. of patient with LOS &gt; 5</td>
<td>13</td>
<td></td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Total OBV Patients</td>
<td>13</td>
<td>29</td>
<td>32%</td>
<td></td>
</tr>
<tr>
<td>Patient on 3 OBV</td>
<td>11</td>
<td></td>
<td>38%</td>
<td></td>
</tr>
<tr>
<td>Patient on other Nursing Units</td>
<td>18</td>
<td></td>
<td>62%</td>
<td></td>
</tr>
<tr>
<td>Previous Day Length of Stay</td>
<td>3.5</td>
<td>3.47</td>
<td>(0.03)</td>
<td></td>
</tr>
</tbody>
</table>
### Tier 5 Huddle Report

**Date:** 5/6
**Time:** 10:15am - 11:00am

#### New Huddle Events

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Issue</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Injuries</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>New Deaths</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>New Infections</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

#### Event Descriptions

- **New Injuries:** 0
- **New Deaths:** 0
- **New Infections:** 0

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Issue</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fall Incidents</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Other Safety Risks</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

#### Clinical Events

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Issue</th>
<th>Target</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Injuries</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>New Deaths</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>New Infections</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Code blue or pink
- Green, Blue, Red, Orange, Yellow, White, Pink

**Environmental Safety:**
- 0

**Other Issues or Concerns:**
- 0
<table>
<thead>
<tr>
<th>POTENTIAL SERIOUS SAFETY EVENTS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CLABSI</td>
<td></td>
</tr>
<tr>
<td>CAUTI</td>
<td></td>
</tr>
<tr>
<td>C. DIFF</td>
<td></td>
</tr>
<tr>
<td>FALLS</td>
<td></td>
</tr>
<tr>
<td>FALLS W INJURY</td>
<td></td>
</tr>
<tr>
<td>CODES: CLINICAL, NON CLINICAL</td>
<td></td>
</tr>
<tr>
<td>OTHER SAFETY RISKS, CONC. NAR. M.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Action Item</td>
</tr>
<tr>
<td>----------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td>12/11</td>
<td>LWGS J 252</td>
</tr>
<tr>
<td>1/8/19</td>
<td>Sharp container ring retrieval</td>
</tr>
<tr>
<td>1/10/19</td>
<td>Hollister ET consumable device piece broke off</td>
</tr>
<tr>
<td>3/15/19</td>
<td>Light device burned hole in SNAPs</td>
</tr>
</tbody>
</table>
Tier 5 Report - Care for Patients

- Potential serious safety events
- CLABSI
- CAUTI
- *C. difficile* infections – community / hospital
- Falls – with/without injury, protocol followed?
- Codes – clinical / non-clinical
- Other safety risks, patient experience
Caregiver experience issues
- Workplace violence
- Code lavender
- Caregiver injuries
Tier 5 Report - Care for Organization

- Hospital occupancy – ICU, regular beds
- OR volume vs. target
- Emergency department volume vs. target
  - Left without being seen, elopements
- Critical staffing issues
- Environmental safety concerns
- Any new or follow-up action items
Typical Barriers to Tiered Huddles

• Each tier believes they are already aware of the problems below them
• Other meetings conflict with huddle times
• View as a report-out rather than an improvement activity
Risks

• Huddles run too long
• Real concerns not being addressed
• Stakeholders not at the table at any level
• Quick fix vs. root cause analysis
• Lack of continuous improvement guidance
Benefits

• Trends can be spotted early
  - Workplace violence
• Accountability visible up and down the tiers
• Less chaos about “who is going to address my problem?”
• Local leadership has to “report up”, too!
Rapid Escalation of Systemic Issues

- Badge In/Badge Out access
- Oxygen regulators in each patient room
- Policy issues:
  - Drug testing turn around time
  - BBPE for students, guests
Measureable benefits

- Capacity improvements
- Patient safety
  - Defective devices
  - Infectious disease reporting
  - Serious safety events
- Staff concerns – fewer C-suite grievances
- Information alerts
Investigation of Falls

Standard questions facilitate understanding

- Patient assessed at a high fall risk?
- Fall assisted?
- Did we follow the PT recommendation?
- Injury sustained?
- If high risk, were interventions in place
  - Bed and/or chair alarm
  - Bathroom assistance “within arm’s reach”
  - Safety Plan / Hourly Rounding
Possible link to serious safety events

Serious Safety Events

2018
Caregiver Fall

- Fall escalated through Tiered Huddle
- Hospital leadership ensured immediate fix

Before

After
Implementation Lessons Learned

• Start with Tier 2 structure (inpatient nursing)
• Focus on Tier 2 – Tier 4 early
• Be present every day to coach
• Visit tier huddle below the tier you are coaching
• Continually reinforce purpose of huddles
  - About reporting upward and downward
  - Find problems, resolve, provide better care
  - No problems identified is a problem!
Tiered Huddles Lessons Learned

- Fill in all fields on huddle board, hand writing
- Information vs. targets where possible
- Huddle conversation follows standard order
- Start on time, keep it brief
- Action register required (ensures issue resolution)
- Issue resolution first step: “Thank you”
- First question: “Did we follow our policy?”
Quotes from Our CEO

• “Most valuable 15 minutes of my day”
• “Vital signs of our enterprise”
• “Safety is non-negotiable”
• “Trust is gained in drops and lost in buckets”
• “Silence is the enemy of safety”
As a leader in this organization, I have appreciated the connection to our peers in the entire health system daily and the establishment of a true learning organization which we have become. Our patients and caregivers are the beneficiaries.

# learning organization
Crystal Reed • 3rd+
Regional Business Manager at Boston Orthotics &…

At Boston O & P we are also seeing positive results for the teams and our patients with team huddles! It empowers the teams to solve many of their own day to day issues addressing topics promptly in a positive, welcoming environment! Love this!

2 Likes

Manny Lara • 3rd+
Director, HR Business Partner at Aurora Health Care

We’re doing these at Advocate Aurora Health and also showing positive results. In the interest of keeping our team members and patients safe, we are collaborating more and finding quicker solutions.

1 Like
Ongoing work

• More robust kaizen processes for improving end-to-end processes across the enterprise
• Tying the kaizen improvements to the top-level hoshin (strategic deployment) objectives
Cleveland Clinic

Every life deserves world class care.