

Huddle Up! - Utilising a team communication and feedback platform for effective improvement of radiology department pregnancy check compliance in a district general hospital.

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Local issue – Pregnancy check compliance is suboptimal due to inconsistent and missing criteria demonstrated.

Background – Effective team communication and feedback is linked to improved work performance.^{1,2} One platform for this is the team huddle; a regular, semi-formal gathering of team members for the purpose of relaying important information, raising concerns, acknowledging good performance and discussing improvements in practice etc.³ The aim of this study is to assess the effect on pregnancy check compliance when relevant information and feedback is included as part of the team huddle.

Pregnancy checks are an essential aspect of any radiology department in ensuring the protection of an unborn foetus from the potential harms of ionising radiation.^{4,5} It is not only important that checks are made on all appropriate patients for all appropriate radiological examinations, but that they are also accurately recorded and stored for future reference, whether that be for audit or legal purposes. Morning team huddles have been a comparatively new addition to our imaging department's routine, where previously information was distributed primarily by e-mail or at formal audit and radiographer meetings.

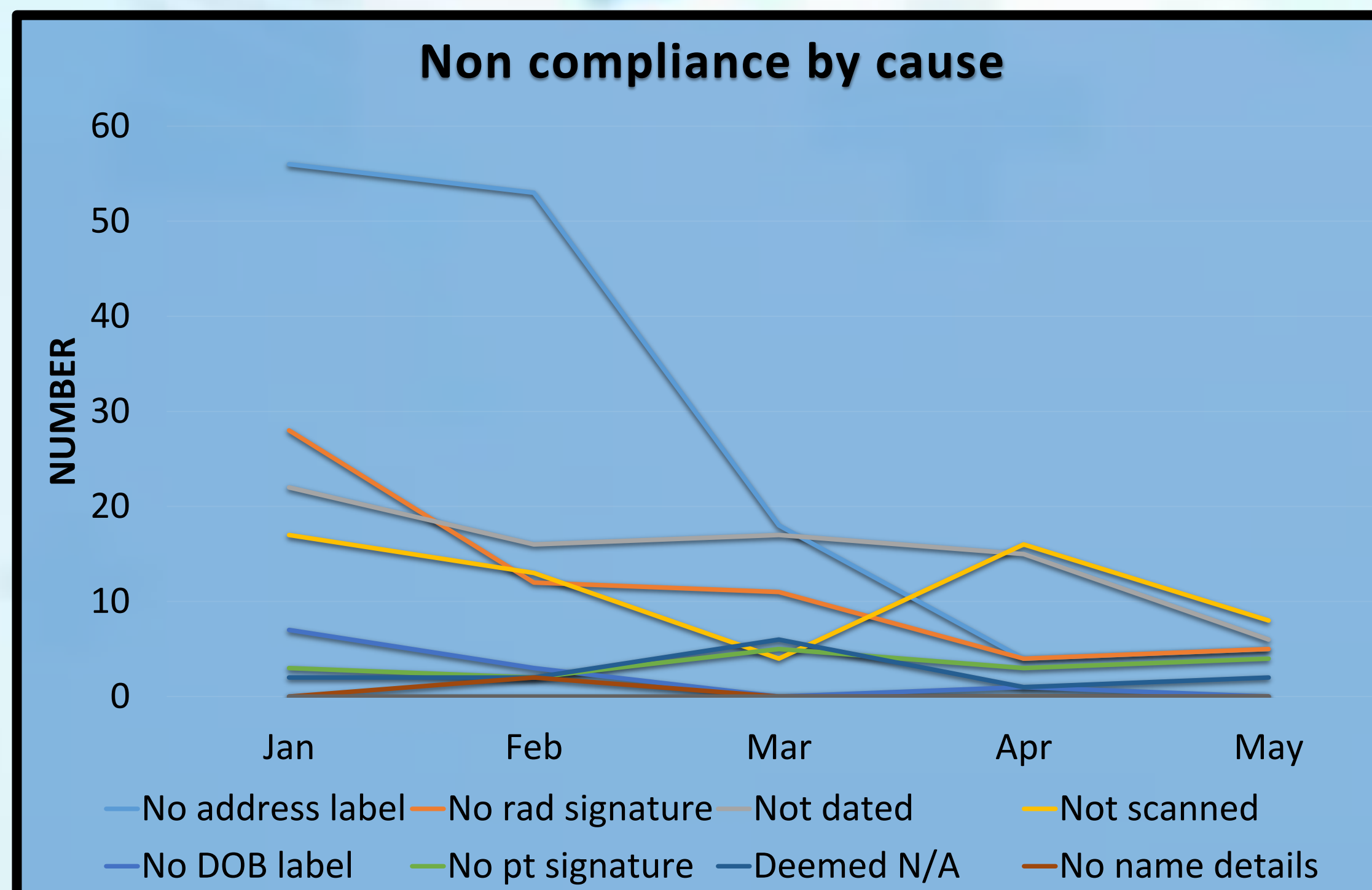
Methods – Using the integrated statistical software of the computerised radiology information solution (CRIS), data were collected on a monthly basis to return all patient examinations applicable for pregnancy check performance. Baseline data were collected for two calendar months prior to intervention, which commenced at the beginning of March 2024. Non-compliance with local Employer's Procedures was measured and stratified into causes and by area of department (i.e. A&E x-ray, General x-ray). Once ready, the results were relayed at the next team huddle and subsequent 1-2 huddles to allow for variation in staffing each day. Infographic results for the current month were displayed in a common work area alongside the previous month's results to help visualise progress.

Intervention – Verbal and infographic feedback of performance at team huddles. This included highlighting aspects in need of greatest improvement, advice on how to achieve this and reminders of the hospital protocols in regards to pregnancy checking.

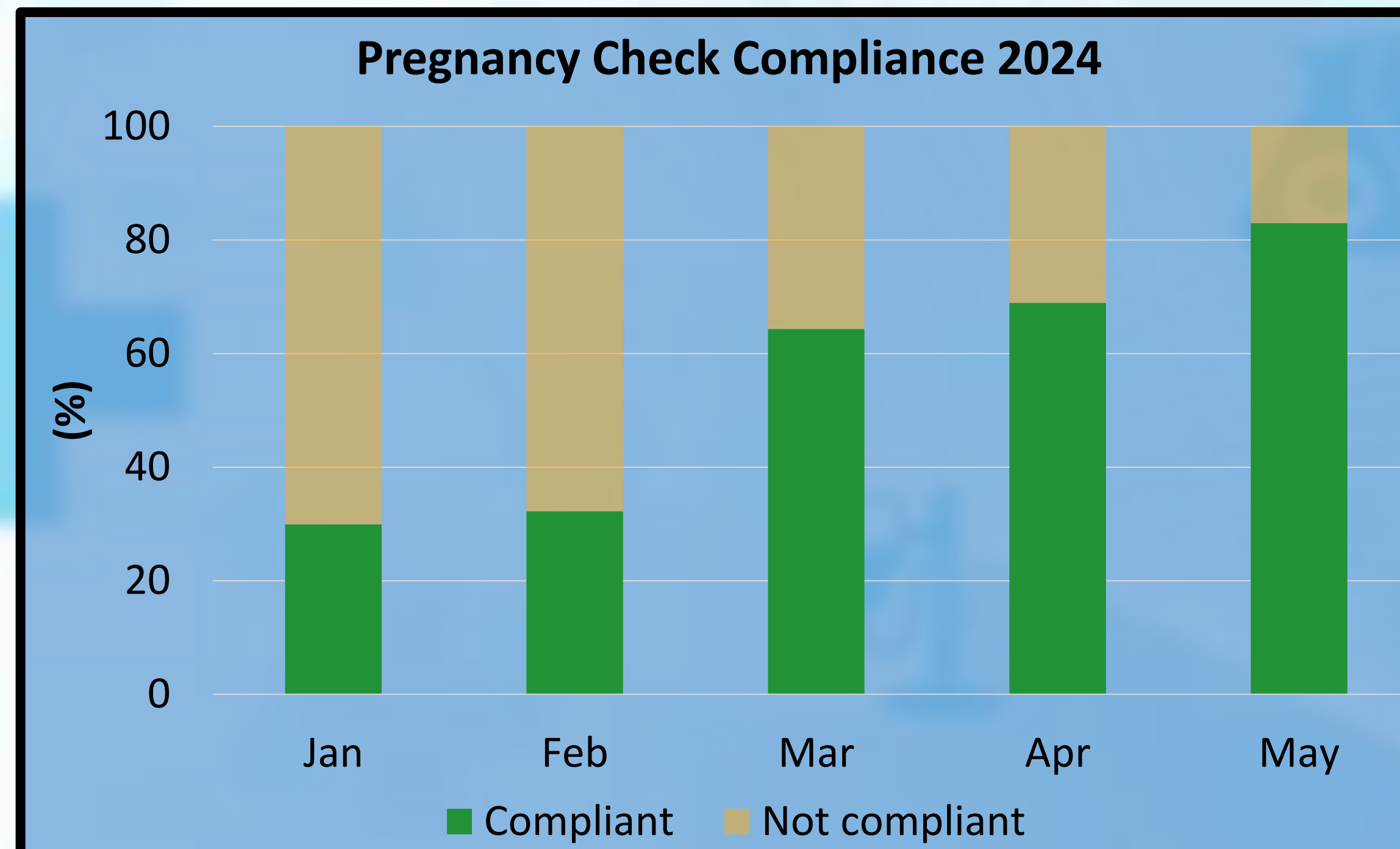
Criteria – To achieve positive compliance, the pregnancy check form had to:

- 1) Be scanned onto the CRIS system
- 2) Display three valid points of patient identification
- 3) Be signed by the patient
- 4) Be dated by the patient
- 5) Be signed by the radiographer

If any one of these conditions were not met, the check was recorded as not compliant.



Results – Subsequent months' results show improved pregnancy check compliance from the commencement of intervention at the beginning of March 2024, with an overall improvement from 30% to 83% compliance seen from January to May 2024. Focussed feedback in March demonstrated >60% reduction in missing patient address labels.



Feedback – Stratifying non compliant results by cause enabled more focussed and targeted feedback to be delivered alongside a more generalised reminder of the compliance criteria as a whole. In March the feedback focussed on point 2 of the compliance criteria, reinforcing the need for a patient address label to be included for all GP walk-in and outpatient pregnancy checks to conform with the ID check requirements.

Discussion – Whilst our results demonstrate improvement, we cannot state that this is an exclusive product of the team huddle as, for example, it is entirely plausible that an e-mail only feedback approach would have yielded similar results. We agree however that the team huddle provides advantages to feedback and communication that are not achieved by an e-mail only approach⁶ and that a combined approach may demonstrate an even stronger positive outcome.

Conclusion – Utilisation of the team huddle to feedback pregnancy check compliance has demonstrated quick and effective improvement of results in our radiology department. No concurrent communication methods were used to distribute information primarily, secondary distribution would have occurred through word-of-mouth between the radiographers. From these results, we are confident to conclude that in our setting, the presence and effective use of the team huddle platform as a communication and feedback tool has had a strong positive impact on quality improvement in pregnancy check compliance.

References

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