

The Implementation and Evaluation of Safety Huddles in an Antenatal Clinic Setting

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With the aim of improving communication, patient safety and patient-flow, we implemented Safety Huddles across our antenatal clinics following a successful pilot. We are a tertiary Maternity Unit with >10000 deliveries/year with daily antenatal clinics split across two geographical sites presenting a number of challenges. Safety Huddles are a short, 5-10 minute MDT discussion at the start of clinic to identify issues and challenges for the day ahead and there is robust evidence that they improve patient safety¹ and clinical efficiency². We therefore used Action Research Methodology to implement Huddles across our service in a step-wise fashion and gaining qualitative data from staff alongside the implementation to understand their challenges & benefits.

Methods

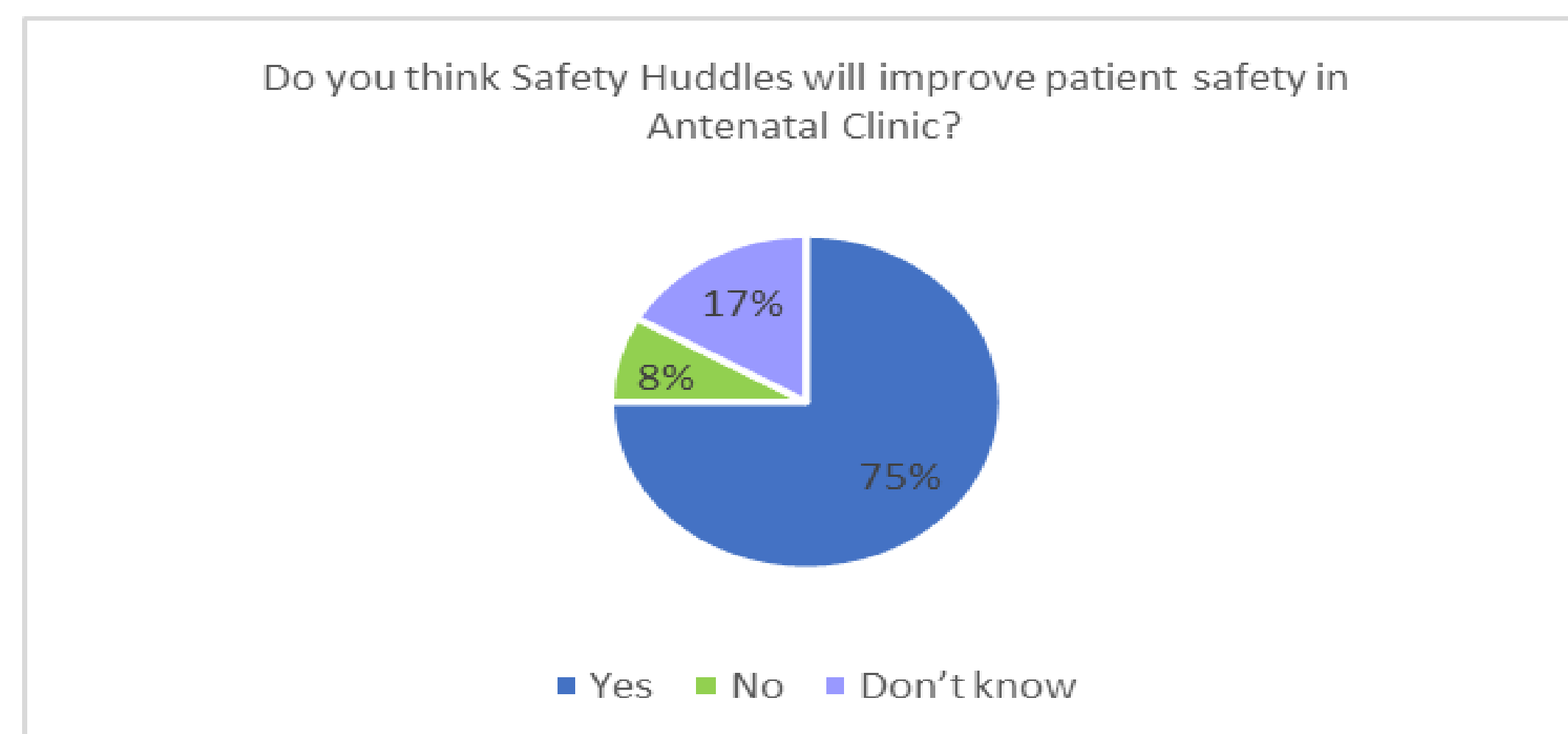
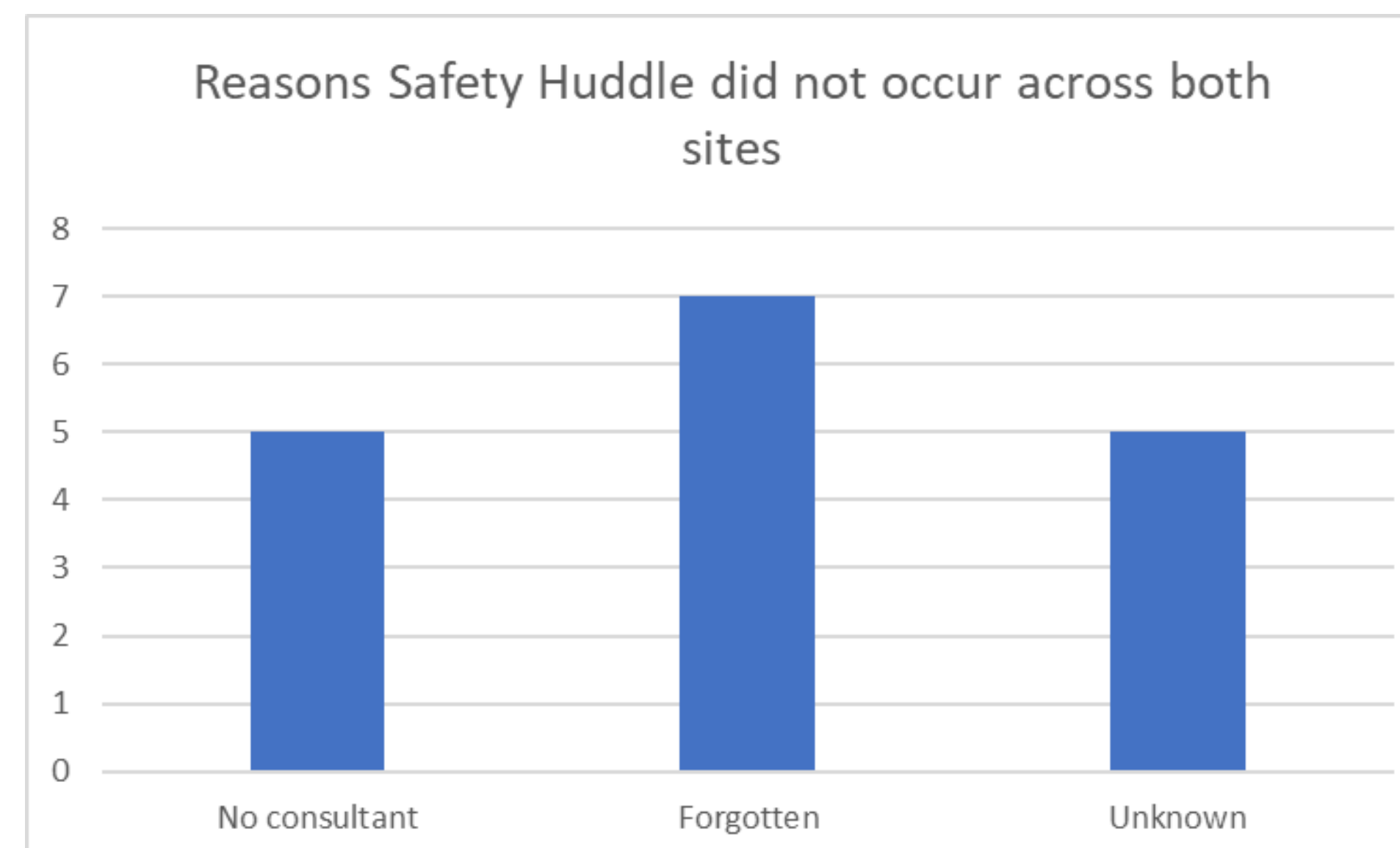
Anonymous staff surveys were completed by medical and midwifery staff about the feasibility of implementation following a successful pilot. Safety Huddles were then implemented at two antenatal clinics at different hospital sites. Data was collected about the number of huddles undertaken and the reasons that they did not take place if omitted. An anonymous staff survey completed by medical and midwifery staff was used to gain both quantitative and qualitative data about the success of the intervention. Focus-groups and one-one discussions were also used to understand staff attitudes. Qualitative data was thematically analysed.

Results

100% of staff asked prior to implementation thought that Safety Huddles would improve Communication.

75% of staff thought they would improve patient safety and 17% were not sure.

87.5% of staff had experience of safety huddles prior to the project (both within antenatal clinic & ward environments).



Huddles were successfully undertaken at 85% of eligible antenatal clinics at one site, but only 45% at the other. According to our definition of successful embedment, they have now become embedded at our St James' site, but not our LGI site.

The most common reason given for not undertaking the Huddle was having forgotten suggesting a lack of habit formation yet. In St James', a natural congregation point meant that habit formation was easier and a "desire path" created.

Following implementation, 100% of staff agreed that Safety Huddles improved Communication and Patient Safety

A number of themes were identified through the focus groups identifying barriers to successful implementation, improvements brought about by the Huddles and recommendations going forwards.

Improvements Safety Huddles have brought	Barriers to Safety Huddles being undertaken	Leadership & Power	Recommendations for Huddles going forwards	Clinic Environment & Staffing
- Communication - Support & Learning - Workload planning - Patient Safety	- Time - Punctuality - Registrar-led clinics - Clinic Isolation	- Leader - Lack of a Leader - Structured Approach	- Clinic rollout - Clear focus - Training	- Environment - Staffing - Pay

One of the greatest barriers identified was the lack of a nominated leader for the Huddle and a hesitancy from the Junior Doctors to Lead this. Leadership within all staff groups and at all levels will be imperative to continue driving this project forwards.

What our staff said?

The Huddle allows us all to get to know one another better and I can plan the clinic workload better knowing what staff are there.
Consultant

When we have the Huddle, I feel more supported within the clinic.
Junior Doctor

We really like the Huddle as it allows us to know who is in clinic and plan our Day Unit work.
Midwife

What next?

- Safety Huddles now rolled out to all 10 general antenatal clinics
- Following positive staff feedback, now planned for a second huddle at the end of clinic
- Build Junior Doctor confidence to Lead the Huddles by nominating them to be the champion for specific clinics
- Change the layout of clinics to create a natural meeting point to display "huddle board" and encourage team congregation
- Continued team building both in antenatal clinic and outside clinic to improve staff wellbeing and influence patient safety

References

- Lamming, L., Montague, J., Crosswaite, K., Faisal, M., McDonach, E., Mohammed, M., Cracknell, A., Lovatt, A., Slater, B. (2021). Fidelity and the impact of patient safety huddles on teamwork and safety culture: An evaluation of the Huddle Up for Safer Healthcare (HUSH) project. *BMC Health Services Research*, 21(1), 1-11.
- Richardson, D., Jaricha, T., Power, M., & Lewis, D. (2020). Team huddles in sexual health clinics improve communication, clinic capacity and flow, and team relationships and well-being. *Sexually Transmitted Infections*, 96(4), 312-312.