Huddle Up:
Improving Medical Engineering Safety, Quality and Delivery

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I. Background

Daily huddles, defined as routine, structured, and brief team discussions, have become prevalent in healthcare as a tactic to enhance safety and achieve status as a high-reliability organization.[1] While the impact of huddles in healthcare is still emerging, their success in other complex industries (e.g., military, nuclear power, aviation) have fostered their rapid proliferation in healthcare given their ability to enhance situation awareness and shared learning.[1] Despite their potential benefits, little is known about how support departments, such as Health Technology Management (HTM) departments, can use daily huddles to augment communication both within the department and the greater hospital. The lack of such insight is a critical gap in knowledge as HTM departments frequently struggle with situation awareness and issue escalation, particularly in large academic hospitals.

In 2017, University Health Network (UHN, Toronto, Canada) launched hospital wide huddles as part of a larger organizational transformation to renew their focus on patient and staff safety. The HTM department (Medical Engineering) was included in this initiative.

II. Proposed presentation

The overall goal of the proposed presentation is to share how UHN and the Medical Engineering Department has embedded and iteratively refined daily huddles as a critical mechanism to achieve performance goals. More specifically, the presentation will review the following:

- UHN organizational huddles:
  - Format (e.g., focus on safety, quality, delivery)
  - Structure (e.g., issues being progressively escalated up from *all* units through their respective programs, site leadership and executives).
- Medical Engineering team huddles:
  - Format
  - Structure
  - Quality improvement indicators
  - Tools and dashboards used to track real-time performance

To help contextualize Medical Engineering huddles, a video of a mock huddle will be shared and highlight how issues are communicated, escalated, tracked, and resolved. Lessons learned and changes made since the launch of daily huddles over 5 years ago will also be reviewed together with a summary of their benefits and limitations/challenges. However, overall, their sustained use has led to improved: learning and relationship building within Medical Engineering and the rest of the hospital; sensitivity to operations (e.g., more timely notification and escalation of safety issues); staff morale (e.g., psychological safety, team building); and performance (e.g., timely repairs and preventive maintenance, problem solving, accountability).

References

1. B. J. Franklin *et al*, "Impact of multidisciplinary team huddles on patient safety: a systematic review and proposed taxonomy," *BMJ Quality & Safety,* vol. 29, *(10),* pp. 1-2, 2020.