

## Background/PICO

### Background:

- OR staff's primary location being in another building and 7 floors away from the ED and trauma bay
- We have infrequent and brief interactions between ED and OR members.
- Some ED and OR staff do not know each other.
- Inadequate interdisciplinary teamwork between ED and OR trauma nursing staff.

*In trauma care, what is the effect of a daily huddle between the ED and OR staff on communication and collaboration compared to current practices?*

## Literature Review/Levels of Evidence

- The importance of preoperative huddles at level 1 trauma centers which is known to reduce the risk of medical errors during procedures
- A structured form of communication which helps to ensure that there is effective transfer of critical information to all members of the surgical team.
- Daily safety huddles provides a platform for multidisciplinary teams to increase situational awareness in complex situations to prevent poor outcomes and recurrences.
- Huddles are vital in creating the environment for effective teamwork, organizing priorities of clinical workload, and identifying relevant information and concerns to ensure improved patient outcome.
- The Organizational Huddle method is based on the concept of an ensemble or group of complementary parts contributing to a single effect where the intention is to blend the parts together with the only concern being delivering the best in patient care and operational efficiency.

Level of Evidence (John Hopkins Model):

Level III 4

Level V 1

## Methods & Intervention

**Literature Review Using:** AORN Journal, PubMed

**Search Inclusion Criteria/ Key Words:** Operating Room, Trauma, Emergency, Huddle, Safety Huddle, Communication

## Implementation Process:

*Pre assessment Qualtrics survey* sent out to all OR and ED staff to assess overall opinions on current ED OR communication methods. Received 104 responses.

*Intervention:* ED/OR huddle at 0730 and 1930 implemented. Huddle is mandatory and will occur twice per day. Staff with trauma pagers will meet in front of ED OR at 0730 and 1930. Staff will communicate their names, their roles and share other issues/concerns with each other. Will provide a template script for staff to follow as implementation begins.

*Post Intervention Qualtrics survey* sent out to all ED and OR staff to assess ED OR communication with the implementation of huddle. Received 67 responses.

## Results

### Pre-Implementation Survey Results

104 Responses (43 Operating Room, 61 Emergency Department)

All questions started with the same prompt. Respondants then answered on a scale of Strongly disagree to Strongly Agree. Below are the questions.

*In an emergency setting with ED trauma and OR staff, I...*

A: feel comfortable asking for help

B: feel comfortable speaking up and voicing my opinions

C: can identify my own role in the room

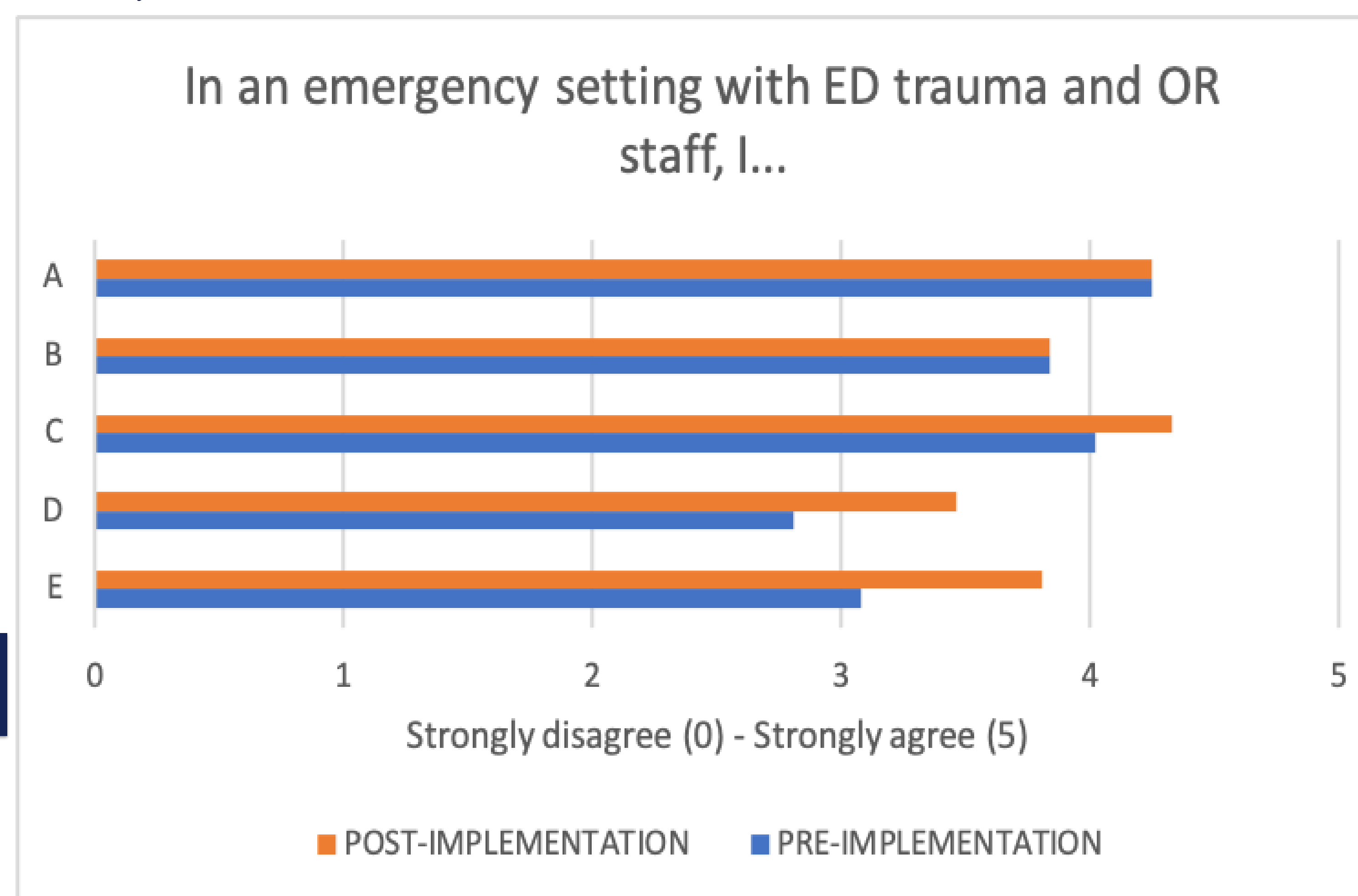
D: can identify the role of others in the room

E: feel there is effective team communication

### Post-Implementation Survey Results

67 Responses (40 Operating Room, 20 Emergency Department)

The survey was then re-administered after implementation of the huddle had been in effect for 3 months. Below is a chart comparison of the data collected from these surveys.



## Significant Survey Results

Increase in agreement among all categories

- with the strongest increases seen in
  - "feel there is effective team communication" (+0.73)
  - "can identify roles of others in the room" (+0.64)
  - "can identify my own role in the room" (+0.31)

## Limitations/Next Steps

### Limitations:

- Interdepartmental communication on when to implement
- Requires full participation from two different entities of the hospital
- Assigned huddle time is not always the most optimal meeting time for both the ED and OR staff
- Presence of an active trauma limits the availability of either staff
- Primary location of the ED and OR staff is a 7-floor difference

### Next Steps:

- Reflect on staff's feedback and suggestions
- Make any necessary changes to the new tactic
- Implement a group chat for the trauma phones of both the ED and OR staff to communicate more efficiently about names, roles, and any issues/concerns

## References

- Arul G, Pugh H, Mercer S, et al. Optimizing Communication in the Damage Control Resuscitation- Damage Control Surgery Sequence in Major Trauma Management. *BMJ Military Health* 2012;158:82-84. (<https://militaryhealth.bmj.com/content/158/2/82.long>)
- Fenci, J. L., & Willoughby, C. (2018). Daily Organizational Safety Huddles: An important pause for situational awareness. *AORN Journal*, 109(1), 111-118. (<https://doi.org/10.1002/aorn.12571>) (<https://aornjournal.onlinelibrary.wiley.com/doi/10.1002/aorn.12571>)
- Pimentel, C. B., Snow, A. L., Carnes, S. L., Shah, N. R., Loup, J. R., Vallejo-Luces, T. M., Madrigal, C., & Hartmann, C. W. (2021). Huddles and their effectiveness at the frontlines of clinical care: a scoping review. *Journal of general internal medicine*, 36(9), 2772-2783. (<https://doi.org/10.1007/s11606-021-06632-9>)
- Scotfield, H., Teigen, K., Blair, S., Rechter, G. R., & Webb, B. (2022). Implementation of a Preoperative Huddle at a Level 1 Trauma Center. *Journal of Patient Safety*, 18(4), E747-E752. (<https://doi.org/10.1097/PTS.0000000000000943>) ([https://jefferson.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi\\_pubmed\\_primary\\_35576394&context=PC&vid=01TIJU\\_INST01TIJU&lang=en&search\\_scope=CenterCityALL&adaptor=Primo%20Central&tab=Everything&query=any,contains,trauma%20or%20huddle&offset=0](https://jefferson.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi_pubmed_primary_35576394&context=PC&vid=01TIJU_INST01TIJU&lang=en&search_scope=CenterCityALL&adaptor=Primo%20Central&tab=Everything&query=any,contains,trauma%20or%20huddle&offset=0))
- Tuyishime, H., Claire, R., Balakrishnan, K., Chan, H., Lam, L., Randolph, M., Stroud, J., Traber, K., Tileston, K., & Shea, K. (2024). Impact of a daily huddle on safety in perioperative services. *The Joint Commission Journal on Quality and Patient Safety*, 50(9), 678-683. (<https://doi.org/10.1016/j.jcjq.2024.04.012>)

## References

Arul G, Pugh H, Mercer S, *et al.* Optimizing Communication in the Damage Control Resuscitation-Damage Control Surgery Sequence in Major Trauma Management *BMJ Military Health* 2012;**158**:82-84. (<https://militaryhealth.bmj.com/content/158/2/82.long>)

Fencl, J. L., & Willoughby, C. (2018). Daily Organizational Safety Huddles: An important pause for situational awareness. *AORN Journal*, *109*(1), 111–118.  
<https://doi.org/10.1002/aorn.12571> (<https://aornjournal.onlinelibrary.wiley.com/doi/10.1002/aorn.12571>)

Pimentel, C. B., Snow, A. L., Carnes, S. L., Shah, N. R., Loup, J. R., Vallejo-Luces, T. M., Madrigal, C., & Hartmann, C. W. (2021). Huddles and their effectiveness at the frontlines of clinical care: a scoping review. *Journal of general internal medicine*, *36*(9), 2772–2783.  
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<https://doi.org/10.1097/PTS.0000000000000943>  
([https://jefferson.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi\\_pubmed\\_primary\\_35576394&context=PC&vid=01TJU\\_INST:01TJU&lang=en&search\\_scope=CenterCityALL&adaptor=Primo%20Central&tab=Everything&query=any,contains,trauma%20or%20huddle&offset=0](https://jefferson.primo.exlibrisgroup.com/discovery/fulldisplay?docid=cdi_pubmed_primary_35576394&context=PC&vid=01TJU_INST:01TJU&lang=en&search_scope=CenterCityALL&adaptor=Primo%20Central&tab=Everything&query=any,contains,trauma%20or%20huddle&offset=0))

Tuyishime, H., Claire, R., Balakrishnan, K., Chan, H., Lam, L., Randolph, M., Stroud, J., Traber, K., Tileston, K., & Shea, K. (2024). Impact of a daily huddle on safety in perioperative services. *The Joint Commission Journal on Quality and Patient Safety*, *50*(9), 678–683.  
<https://doi.org/10.1016/j.jcjq.2024.04.012>