



**Identify Needs. Gather Resources.  
Share Outcomes.**

# Enhancing Communication and Escalation Pathways Through Tiered Huddles

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## BACKGROUND

The Division of Surgical Services supports 124 operating rooms across two campuses, supported by a team of over 30 nurse leaders. There was an identified need for these leaders to have a consistent, dedicated forum to collaborate to promote greater awareness, transparency, and accountability.

Recent feedback from both leadership and staff has emphasized the importance of improving communication and escalation pathways, with the goal of fostering more effective bidirectional dialogue between staff and leadership.

Tiered huddles have been successfully implemented in other spaces at our institution to enhance communication and provide a venue to escalate issues and concerns and identify resources to quickly address.

## METHODS

### Description of Team:

A diverse team consisting of nursing, quality, anesthesia and practice support worked together to explore a daily tiered huddle process.

### Preparation and Planning:

The team met weekly to brainstorm how to incorporate specialty specific huddles already occurring into a tiered model. We also spent time observing tiered huddles in areas outside the surgical practice to identify key takeaways as we were getting started.

### Implementation:

Daily specialty specific Tier 1 huddles occur prior to 8:30 am. Leaders from all areas of the practice, including perianesthesia, OR, SPD, and anesthesia, then attend the Tier 2 huddle at 8:45 am.

There is an assigned facilitator each day, which is rotated amongst the leadership team.

The purpose of the Tier 2 huddle is high level sharing and an efficient way to assign resources to help resolve issues that can't be solved at the local level. Ancillary support teams attend the huddle and are available to triage needs. A nurse administrator attends to escalate issues to executive leaders if needed.

Issues from the Tier 2 huddle are logged, tracked, and assigned to owners on a visual management board. Due dates are assigned. The facilitator reviews prior escalations for updates based on the due dates.

A summary is provided at the conclusion of the huddle to share back with the local teams the following day.

## TIER 2 HUDDLE PARTICIPANTS

Task During Tier 2	Roles/Teams
Daily Report Outs	Perianesthesia Nurse Leaders, OR Nurse Leaders, SPD Nurse Leaders, Anesthesia Supervisors/Leads
Listening To Triage As Needed	Environmental Services, Pharmacy, Informatics, HTM, Facilities, Surgical Support Teams, Operations Managers, Nursing Education, Resource RNs

## TIER 2 HUDDLE SCRIPT

- Open Visual Management Board**
- Start Virtual Meeting**
  - Begin recording/transcription.
- Facilitator Opening**

"Good Morning, Welcome to our Tier 2 Surgical Services huddle. I am the facilitator today. Reminder this is for high level sharing and for resolving issues that cannot be resolved at the unit level or may be beneficial for other areas to have awareness of, as well as recognition/kudos for teams. For example, quick report outs of safety/quality events, medication/equipment/supply issues, and system issues potentially beyond your unit."
- Leadership Updates**
- Visual Management Board Announcements / Communications**
- Unit Report Outs**
  - Perianesthesia
  - ORs
  - SPD
  - Anesthesia
- Additional Updates or Items for Escalation**
  - Are there any other updates or items that should be escalated?
- Prior Escalations**
  - Review Visual Management Board and follow up on previous escalations.
- Facilitator Wrap Up**
  - Recap action items, follow ups, and information to cascade to Tier 1.
  - "Thank you for attending and have a great day."
- Following Meeting**
  - Create cards on Visual Management Board for items requiring resolution/escalation.

## IMPLICATIONS FOR PERIOPERATIVE NURSING

- Tiered huddles ensure all team members have a voice and ownership in creating a safety culture.
- By using standardized communication pathways, perioperative team members can raise concerns, obtain necessary resources to address issues, and ensure resolutions are communicated back to the staff.