Who’s On First: Improving Huddles in a Family Medicine Practice to Improve Patient Safety
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**BACKGROUND**

- Family Medicine tends to be a low acuity setting. However, there are still clinical issues that must be attended to in a timely manner to ensure patient safety.
- The standard of practice is that all tasks (phone calls, lab tests, imaging reports, consult letters) will be reviewed the same day they arrive.
- Family Physicians do not work every day. Therefore, we rely on our colleagues to screen and/or manage our tasks when we are away.
- To my knowledge no adverse events have occurred because a task was not checked promptly. However, there are many occurrences of tasks not being checked.

**EXISTING PROCESS FOR HUDDLES**

- Huddles occur twice a day (start of morning and start of afternoon).

**PROBLEMS WITH EXISTING PROCESS**

- Not all physicians were fully confident that their tasks were being checked when they were away.
- Front desk staff are unclear as to which physician to pass an urgent call to.
- Physicians are sometimes checking their own tasks even when out of office. This can lead to unnecessary duplication.
- Physicians are often late for huddle and do not get the information resulting in confusion.

**PDSA**

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**CONCLUSION**

- There was a modest improvement in physician confidence in the huddle process after implementation of a schedule.
- There was a substantial improvement in MOA/Receptionist confidence in the huddle process after implementation of the schedule.
- Physicians were not overly concerned about balancing workload for task checking, however, a modest improvement in satisfaction was noted.

**FUTURE DIRECTIONS**

- The new process cannot accommodate for physician holidays, illnesses, conferences.
- Proposal for a simple computer program that can modify the schedule on the fly to accommodate for such occurrences.

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