

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

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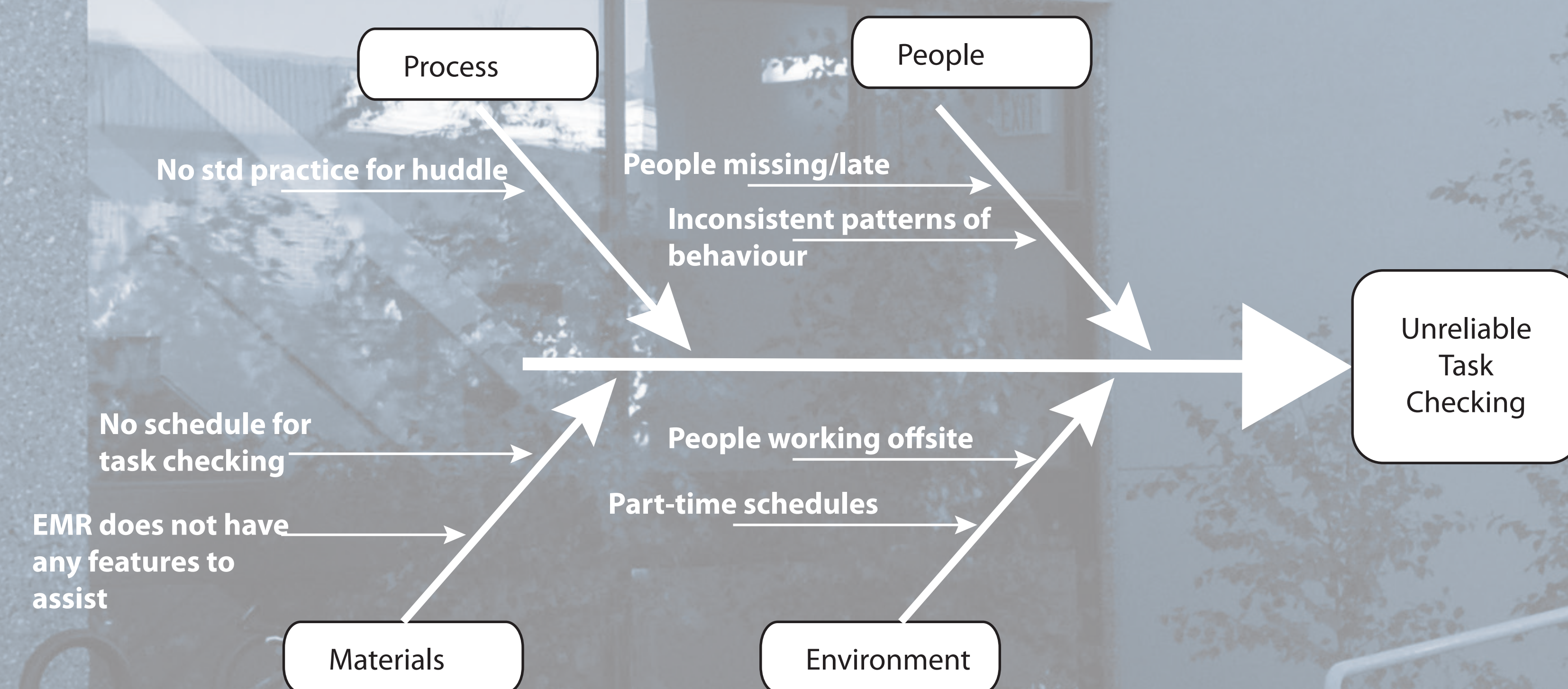
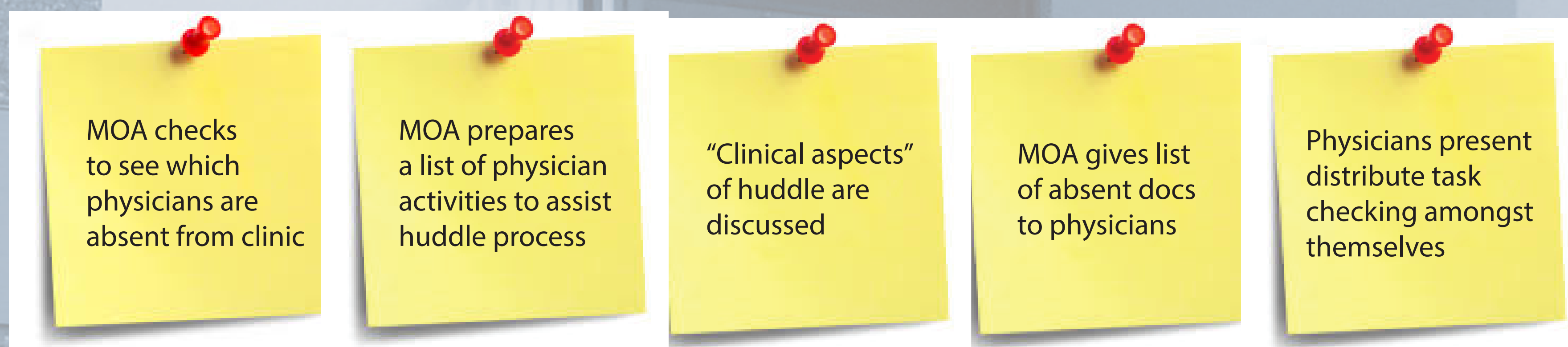


BACKGROUND

- 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).



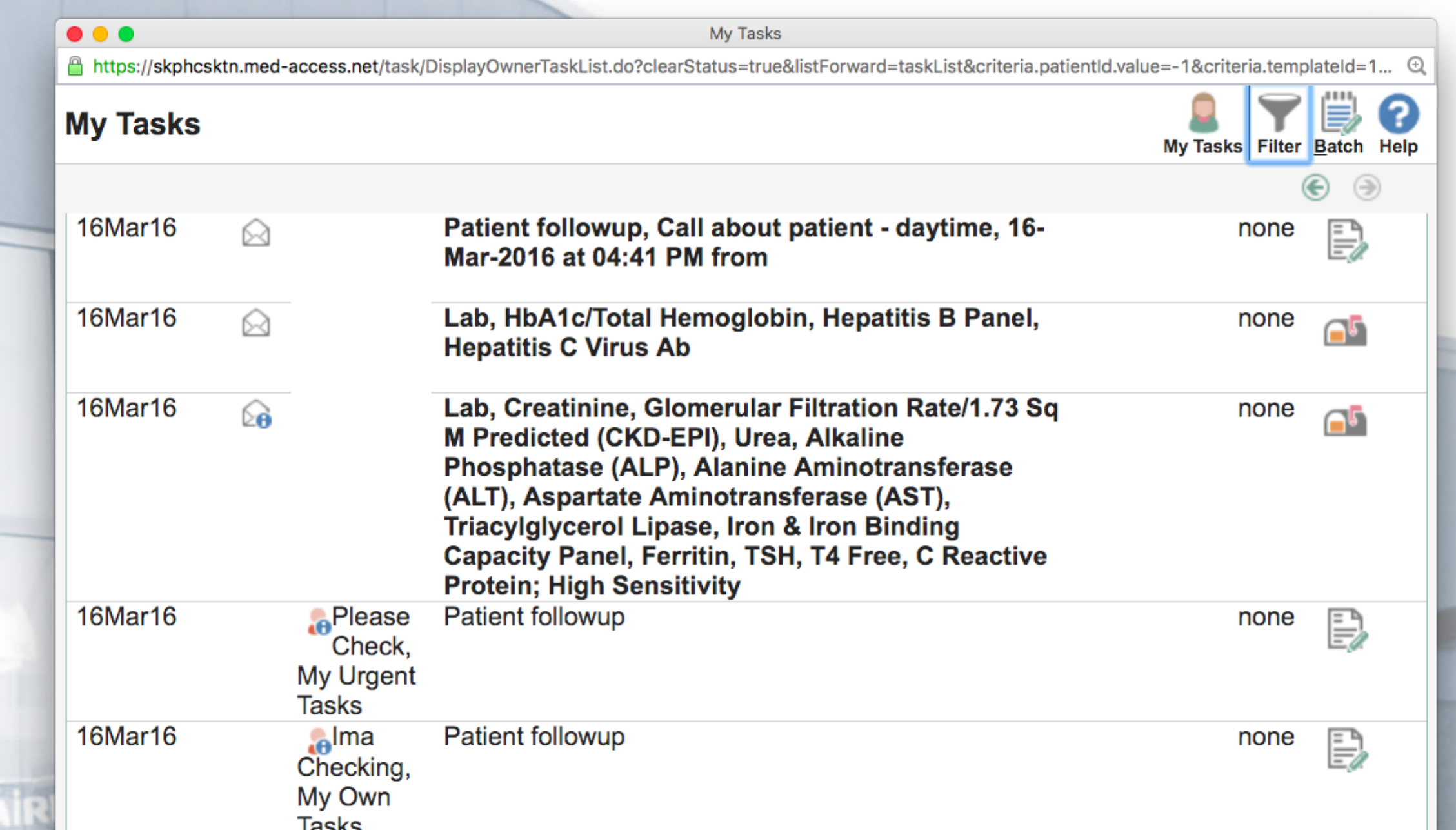
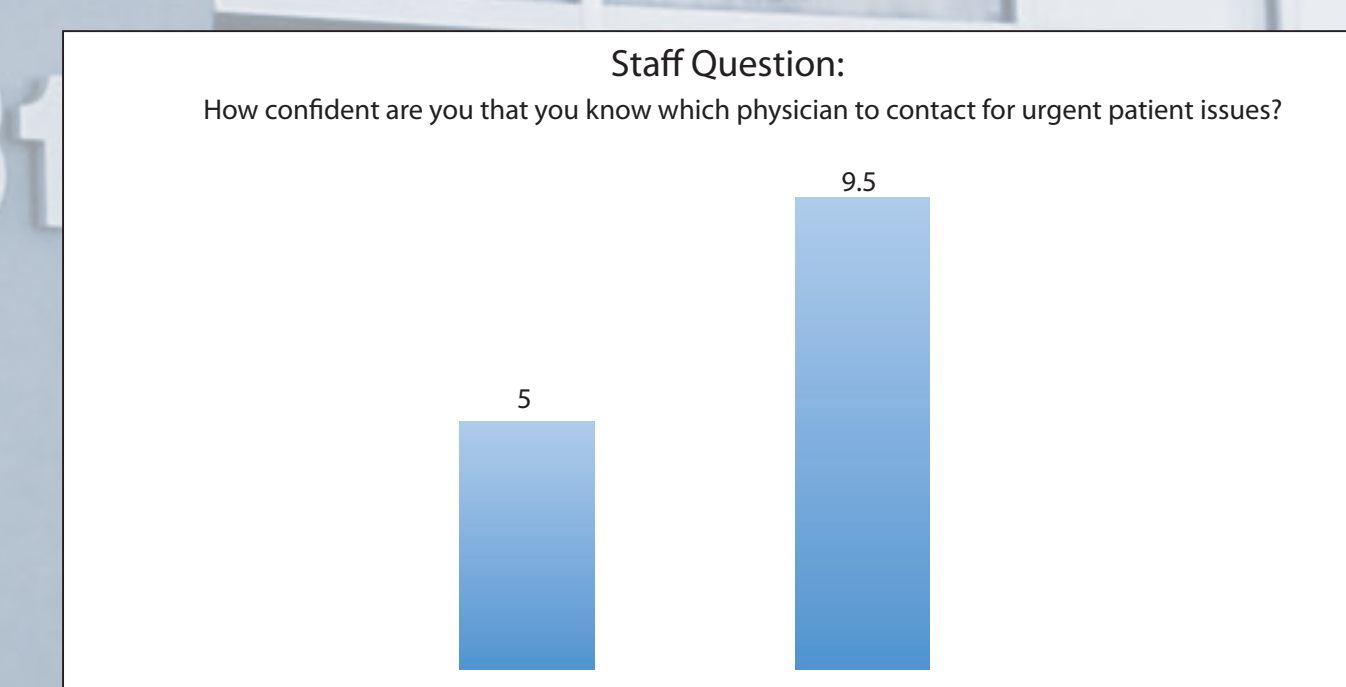
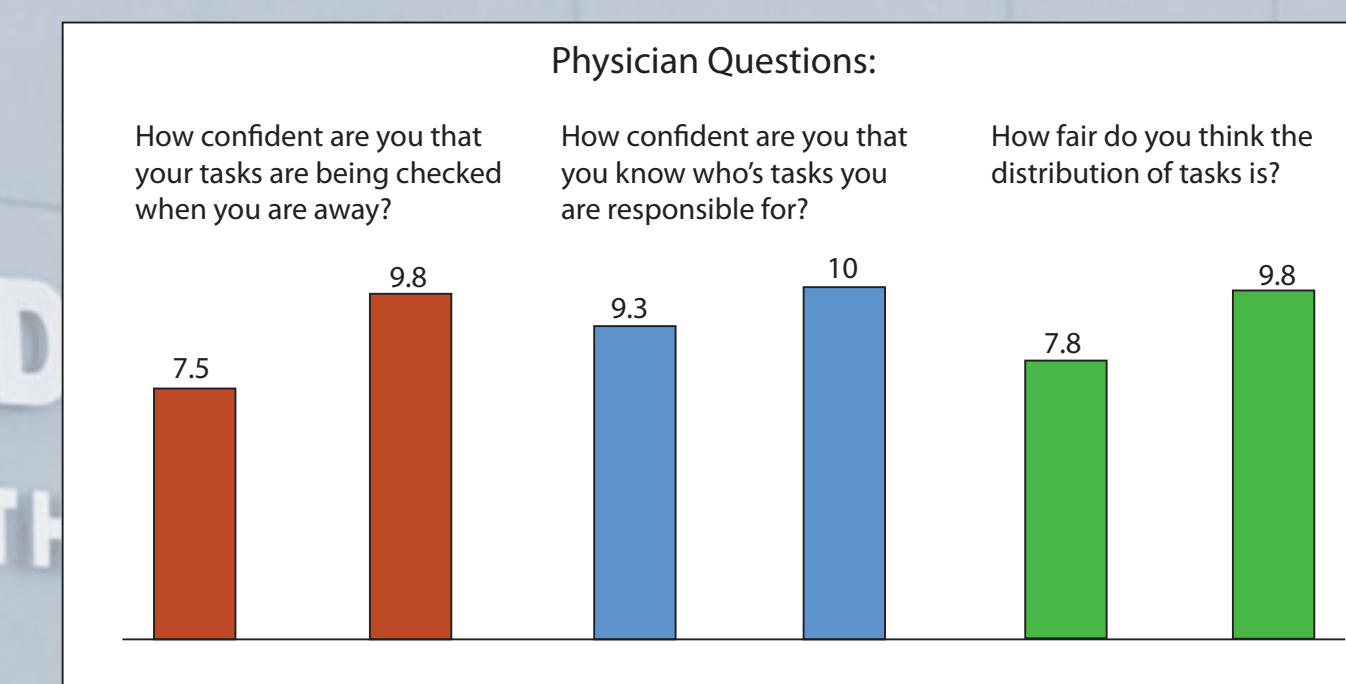
PROBLEMS WITH EXISTING PROCESS

- 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

Monday	Tuesday	Wednesday	Thursday	Friday
Hayton - JH, BK Helfrich - RB, MK, KL	Billington - JH Hayton - MK, KL Helfrich - BK	Hosain - RB, BK Helfrich - MK Hayton - KL	Hosain - RB, MK Helfrich - SH, KL, BK	Hosain - RB, MK Helfrich - SH, KL, BK
Hosain - SH, BK Helfrich - RB, MK, KL	Billington - JH, SH Karras - MK, KL, LH	Hosain - RB Helfrich - MK Karras - SH, KL	Karras - SH, LH Billington - MK, KL	Billington - MK, KL LH, SH, BK

- Step One:** Individual Interviews.
- Step Two:** Process mapping of current state.
- Step Three:** PDSA 1 (construction of a fixed schedule).
- Step Four:** Feedback from team about PDSA 1.
- Step Five:** Data collection about physician task loads.
- Step Six:** PDSA 2 (modification of schedule to balance work load).
- Step Seven:** Feedback from team about PDSA 2.
- Step Eight:** PDSA 3 (introduction of directives in the task list).
- Step Nine:** Feedback from team about PDSA 3 loads.



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.

ACKNOWLEDGMENTS

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