

## INTRODUCTION



**Skilled home health services** are prescribed for individuals to receive medically necessary care based on their needs in their residence. Services are intermittent and can include nursing, rehabilitation (physical, occupational, and speech therapies), social work, and personal care (home health aides).

**Home health staff have unique demands**, such as an everchanging work schedule, which may contribute to educational, psychological and organizational barriers. Barriers can increase the risk of communication failures with the potential for patient harm.

## CULTURE OF SAFETY



The Culture of Safety (COS) Survey is administered on a regular basis to evaluate an organization's culture. COS Survey findings help create structures, processes, and programs to facilitate a flourishing, positive culture. A **learning system** and an **open communication environment** are foundational to achieve safer care and reduce patient harm.

Findings from the 2020 COS Survey identified an opportunity for the home health agency to improve **Organizational Learning** and **Communication Openness** among staff. Historically, emails and in-person team meetings were used to communicate with staff, limiting standardized messaging, group feedback, and discussion.

The home health agency implemented **virtual education huddles** as an efficient method to bring staff together from vast geographic areas to share ideas, discuss opportunities, and learn.

## MEASUREMENT

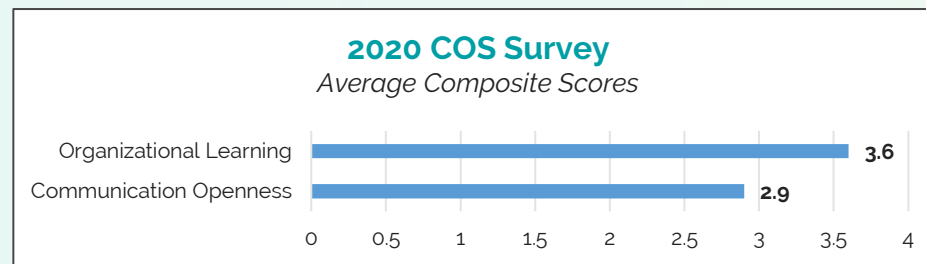
Average composite scores of **Organizational Learning** and **Communication Openness** questions from the 2020 COS Survey were used for baseline data.

### Organizational Learning Composite Questions

- We are actively doing things to improve patient safety.
- After we make changes to improve patient safety, we evaluate their effectiveness.
- Mistakes have led to positive changes here.

### Communication Openness Composite Questions

- Staff will freely speak up if they see something that may negatively affect patient care.
- Staff feel free to question the decisions or actions of those with more authority.
- Staff are afraid to ask a question when something does not seem right.



## IMPLEMENTATION

Between July 2020 and March 2022, virtual education huddles were facilitated by members of the home health agency's Quality and Education department using a collaborative video conferencing platform.

### Huddle Characteristics:

- **Consistently scheduled** for 20-minutes on the same day at the same time
- **Multidisciplinary** with field- and office-based staff attendance
- **Interactive** with polls, quizzes, live Q&A's, and electronic chat
- **Recorded and uploaded** to a virtual platform accessible by staff for future reference and those unable to attend live.

## HUDDLE TOPICS

Virtual education huddles supported our organization with The Joint Commission (TJC) Survey readiness, patient and staff safety, and a transition to a new electronic medical record (EMR) system.

### Topic Examples:

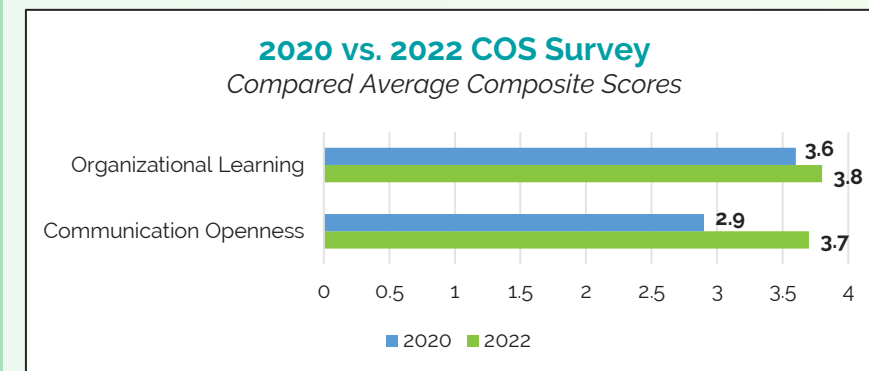
- Oxygen safety at home
- Pain management
- Medication management
- COVID-19 safety and updates
- EMR tips
- Community safety
- Patient education resources
- Patient rights

## RESULTS & DISCUSSION



During implementation, the home health agency **achieved deemed status with TJC** and **successfully implemented a new EMR system**. Virtual education huddles proved to be valuable to these successes by providing staff with feedback and real-time learning in an interactive environment.

Results of the 2022 COS Survey revealed **improved average composite scores** for Organizational Learning by 6% and Communication Openness by 28%.



The home health agency **continues to implement virtual education huddles monthly** as a platform for synchronous collaboration with staff, transparency with sharing lessons learned from safety events, and continuous learning. Staff often request topics for future education huddles, use the ongoing "chat" feature to communicate throughout their workday, and refer to recorded huddles for shared learnings.

Virtual education huddles can be a valuable tool for home health agencies to adopt for **organizational vitality**, **staff engagement**, and a **positive culture of safety**. To ensure success, consider the following: identify huddle facilitators and rules; establish a consistent schedule; anticipate potential connectivity challenges; and ask staff for feedback.

## REFERENCES

- Lamming, L. et al. (2021). Fidelity and the impact of patient safety huddles on teamwork and safety culture: An evaluation of the Huddle Up for Safer Healthcare (HUSH) project. *BMC Health Services Research*, 21(1038). <http://doi.org/10.1186/s12913-021-07080-1>
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- Weller, J., Boyd, M., & Cumin, D. (2014). Teams, tribes and patient safety: Overcoming barriers to effective teamwork in healthcare. *Postgraduate Medical Journal*, 90(1061), 149-154. <http://doi.org/10.1136/postgradmedj-2012-131168>