

Elevate Safety: Huddle Up with Safety Boards and Tickets

Activity

Everyone contributes to patient safety. Together we must learn and act to create safer care and reduce all forms of healthcare harm. Everyone who delivers, supports, organizes and funds healthcare has a duty toward patient safety. Those who seek or receive healthcare should be offered the opportunity to contribute to their own safety. They should be made aware of the degree of risk they face and how they can influence their safety outcomes.¹ Hosting **safety huddles**, using a **safety board** and **safety tickets** to uncover and resolve safety issues, is a powerful activity to action everyone's contribution toward safer care.

What are safety huddles?

Safety huddles are routine briefings for sharing information, including potential or existing patient and staff safety concerns, good catches or safety learning. They increase safety awareness among staff, patients, and care partners, create a shared understanding of priorities and risks, allow them to develop plans to address identified safety issues, and foster a culture of safety. While you may already carry out huddles, the safety huddle described here focuses on its specific use by staff, patients, and their care partners to surface and share safety information, using a 'safety board' and 'safety tickets.'

The safety huddle approach described in this activity is grounded in the [Measurement and Monitoring of Safety Framework](#) (MMSF). The MMSF consists of five domains, each with an associated question, that individuals including leaders, providers, patients and care partners can ask to help provide a comprehensive and accurate real-time view of patient safety.



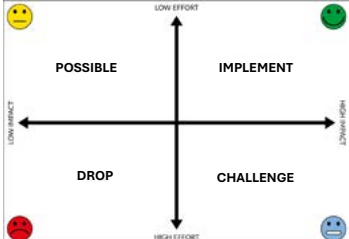
Why host safety huddles?

Safety huddles bring the "Sensitivity to Operations" domain alive by considering "Is care safe today?". They create a safe space for those who deliver and receive care to communicate, hear, and perceive safety intelligence, and to collectively guide their actions. The collaborative conversation supports everyone's perspectives and information to be shared in an inclusive space. Everyone's voice is heard, irrespective of their role or level of seniority.

While the safety huddle is primarily grounded in the sensitivity to operations domain, the conversation can touch on the other four domains of the MMSF (past harm, reliability, anticipation & preparedness, and integration and learning).

What are safety boards?

A **safety board** is a tool used as part of the safety huddle to standardize the process for sharing safety information. There is no standard format or design for a safety board. Many organizations adapt the LEAN Continuous Improvement Board (CIB) to include the MMSF, while others use a model of the MMSF. The LEAN CIB has six sections including: New Ideas; Pick Chart; Just Do Its; Work in Progress; Implemented Ideas; and Celebrations. Many add the five MMSF domains above the safety board as prompts. During the safety huddle, participants huddle around the board. Some begin by discussing “New Ideas” while others start with ‘Celebrations.’ An example of a safety board design that integrates the LEAN CIB and the MMSF is shown in the image below:

Safety Board						
Safety Tickets Blank cards Safety Tickets Date Issue Potential Solution MMSF Dimension		Past Harm Has care been safe in the past?	Reliability Are our clinical systems and processes reliable?	Sensitivity to operations Is care safe now?	Anticipation and preparedness Will care be safe in the future?	Integration and learning Are we responding and improving?
		New Ideas Collect Safety Cards	Just do its Just do its	Implemented Ideas Completed		
		Pick Chart 	Work in Progress Long Term Problem Solving	Celebrations Celebrations		

What are safety tickets?

Safety tickets capture information about existing or potential safety concerns. Clinical and non-clinical staff, patients and/or care partners describe their safety concerns on the safety tickets and place them on the safety board under “new ideas”. At the next safety huddle, each safety ticket is presented. An example of a safety ticket is shown in the image below:

Safety Concern	
Name	
Date	
What is the concern?	
Why is it happening?	
Potential solution:	
MMSF Dimension: (check all that apply)	<input type="checkbox"/> Reliability <input type="checkbox"/> Past Harm <input type="checkbox"/> Sensitivity to Operations <input type="checkbox"/> Anticipation & Preparedness <input type="checkbox"/> Integration & Learning
Follow-up date:	
What to do?	
By what date:	
By whom:	
Date of completion:	

How to host a safety huddle using a safety board and safety tickets?

Time required:

- Approximately 15-30 minutes daily (or weekly at a minimum)

Number of people:

- As many people as you can find in your care area

Who to include:

- Multidisciplinary healthcare team, including, staff (clinical and non-clinical), and volunteers

- Consider inviting patients and care partners to your safety huddle or host a separate huddle with them to ensure their voices are heard while maintaining confidentiality.

What you need:

- Safety board:
 - Draft Board – Bristol board, masking tape, the LEAN CIB section titles and the MMSF domains
 - Final Board – Whiteboard (or electronic board) containing LEAN CIB section titles and MMSF domains.
- Safety ticket:
 - pen and paper
- Safety script (optional)

Planning your safety huddle/ How to get started:

Designing and testing your safety board:

1. Identify 3-5 safety pioneers in your care area (including patients and their care partners) who can collaborate to design your safety board. One design tip that others have found useful is to include the five MMSF dimensions (past harm, reliability, sensitivity to operations, anticipation & preparedness, and integration & learning) at the top of the safety board as prompts. Remember your safety board design is a prototype – it does not have to be perfect.
2. After designing your safety board, you should test it using the Model for Improvement² [Plan-Do-Study-Act \(PDSA\)](#) tests of change (please see page 8 of the hyperlinked document). Each test of change will give you insights which will help you to decide whether to adapt, adopt or abandon the current safety board design.
3. Your PDSA tests of change should start by gathering feedback from staff, patients and their care partners on the prototype's design. Then move on to 'real-world' testing: For example, put your safety board on a wall and test it using safety tickets during a safety huddle.

Designing and testing your safety tickets:

1. Consider including some or all the following in your prototype safety ticket design:
 - Name:
 - Date:
 - What is the safety concern?
 - Why is it happening?
 - Potential solution(s):
 - MMSF domain (circle all that apply): past harm, reliability, sensitivity to operations, anticipation & preparedness, and integration and learning.
 - Follow-up date:
 - What to do?
 - By what date?
 - By whom:
 - Date of completion:
2. Consider colour coding your safety tickets, for example, you could use a different colour and/or format for patients' and care partners' safety tickets.
3. Iteratively test and improve the design of your prototype safety ticket using the Model for Improvement² PDSA tests of change (refer to the PDSA testing process described above for the safety board). Involve as many staff, family and care partners as possible in PDSA testing of your safety ticket prototype; doing this will help you to communicate the purpose of the safety tickets.
4. When you have finalized the design of your safety ticket(s) you need to communicate their purpose to staff who were not involved in PDSA testing.
5. Develop a plan for introducing safety tickets to patients and care partners. As described earlier, you may want to include them as part of your safety huddles or host a separate safety huddle where patients and care partners share their safety concerns.
6. Produce the safety tickets and have them available by your safety board.

Preparing for your safety huddles:

1. Decide what day, time, duration, frequency and location you want to have your safety huddles. Some hold safety huddles at each shift change, while others huddle daily or up to three times per week. How often you schedule safety huddles will depend on the local healthcare context – there is no right or wrong frequency. You may want to test having the safety huddle at different times. You may also want to start by carrying out one huddle per week and increase the frequency based on what you learn from PDSA testing the timing and frequency of the huddle.
2. Identify a safety huddle leader(s). Be prepared to share the role of leading the safety huddle with other staff. Those leading the safety huddle must have good facilitation skills; they need to be able to create an inclusive, safe space where all participants are confident their perspectives will be heard and where everyone's voice/perspective is considered.
3. It is beneficial for the person leading the safety huddle to create some open prompts to guide the conversation, such as:
 - I am interested to hear about your safety concerns.
 - Please share with me the safety concerns you have identified on the safety tickets.
 - Tell me more about any safety concerns that have a significant impact on your overall sense of well-being.
 - I would love to hear how you flex and adapt to changes in demand, and how you keep patients and staff safe when doing this.

Hosting your safety huddle using your safety board and safety tickets

What to do:

1. During the day(s) leading up to the safety huddle, staff complete safety tickets for identified safety concerns and post their safety tickets on the safety board.
2. The safety huddle leader announces the safety huddle (a few minutes prior to the time it is scheduled to start to give staff the opportunity to get prepared).
3. Participants gather around the safety board.
4. The safety huddle leader welcomes participants and outlines the ground rules for the huddle. Examples of ground rules include: 'Everyone's insights into safety are valued. We share and listen respectfully.' 'Regardless of your professional background and/or level of seniority, your insights matter.' 'As a team, we all see, hear and perceive different things – sharing our collective wisdom creates safety.'
5. The safety huddle leader reviews any "new" safety tickets that have been posted in the days leading up to the huddle.
6. As time permits, new tickets are presented for discussion using the questions from the MMSF to guide the conversation. As the process evolves, those submitting the safety tickets may want to lead the discussion.
7. Use the 'Pick Chart' on the huddle board to identify 'ease of effort/implementation' and 'degree of impact' of potential safety actions that huddle participants identify for each safety ticket.
8. Following steps 6 and 7, the safety tickets are then placed in the relevant section of the board (e.g. Just do Its, Work in Progress, Implemented Ideas). Safety tickets designated 'Just do Its' are within the locus of control of the staff to resolve. Safety tickets designated as 'Work in Progress' require you to identify a staff member who will escalate the safety concerns to leadership, as required. Safety tickets designated as 'Implemented Ideas' are those for which safety solutions have been identified and implemented.
9. Steps 6, 7 and 8 are repeated, so the participants systematically work through all new safety tickets as the safety huddle progresses.
10. It is important to celebrate successes during the safety huddle. Give praise to those who surfaced and contributed to finding solutions for safety concerns. Thank participants for their contributions.
11. At future safety huddles, remember to update participants on progress related to resolving outstanding safety tickets.
12. It is a good idea to keep a record of completed safety tickets. This record creates a memory of safety concerns that have been raised and resolved. Over time, staff can look through the record of resolved safety tickets and feel a sense of pride at the safety improvements they have implemented.
13. Implement a process for follow-up on safety tickets submitted by patients and their care partners.

Hosting organization-wide huddles:

Consider creating a structure for the daily reporting of safety intelligence (e.g. critical incidents, good catches, etc.) gathered from individual care areas huddles, to be shared 'up-the-line'. The organization-wide huddle is designed to answer, "Is care in our organization safe today?". They provide a structure and process to enable the sharing of safety information across the organization for the purpose of taking action in real time.

Tips for success in safety board design, safety tickets and huddle hosting

1. Remember quality improvement foundations:

Apply the core principles of [quality improvement](#) when designing your safety huddles, boards and tickets.

2. Engage and include patients and care partners:

- Involve patients and their care partners in the design process to ensure a patient-centered approach.
- Invite patients and care partners to participate in safety huddles, emphasizing their role in contributing to their own safe care.

3. Optimize safety board visibility:

Choose a visible and accessible location for your safety board to maximize its impact.

4. Promote engagement through influence:

Empower and encourage engagement through the influence and connection of safety champions, avoiding mandatory participation. Patience is key, as engagement takes time.

5. Celebrate and recognize success:

Acknowledge and celebrate the success of staff leading the design and implementation.

6. Create a psychologically safe huddle environment:

Foster a non-judgmental space during safety huddles, emphasizing collective value and contributions rather than individual blame.

7. Embrace silence and encourage speaking up:

Be comfortable with silence, allowing time for participants to speak up gradually.

8. Ask thoughtful questions:

Facilitate discussion by posing questions that encourage meaningful contributions.

9. Inclusive Input from all:

Ensure all participants have the opportunity to provide input during safety huddles.

10. Plan for shared leadership:

Foster shared leadership among staff members to enhance collaboration and efficiency.

11. Flexible evolution of processes:

Allow the safety huddle process to evolve organically to better fit the specific needs of your team.

12. Include patients and care partners:

Invite patients and care partners to participate in safety huddles, emphasizing their role in contributing to their own safe care.

13. Maintain confidentiality and clarity:

When including patients, uphold confidentiality and avoid sharing personal information. Use clear communication, avoiding medical jargon and acronyms.

Debrief:

When you first start safety huddles, you may want to debrief with some staff members to determine success and opportunities for improvement.

- Debrief with trusted colleagues who attended the huddle to determine if the information collected and shared was appropriate, meaningful, and helpful in identifying and resolving safety concerns.
- Debrief with the staff and/or patients who completed the safety tickets so they can share their reflections on the huddle conversation.
- Consider asking:
 - What went well?
 - Even better if...
 - Next time try this...

Reference

1. Gilbert R, Asselbergs M, Davis D, et al. Rethinking patient safety: A discussion guide for patients, healthcare providers and leaders. Healthcare Excellence Canada; 2023.
2. Langley GL, Moen R, Nolan KM, Nolan TW, Norman CL, Provost LP. The Improvement Guide: A Practical Approach to Enhancing Organizational Performance (2nd edition). San Francisco: Jossey-Bass Publishers; 2009.

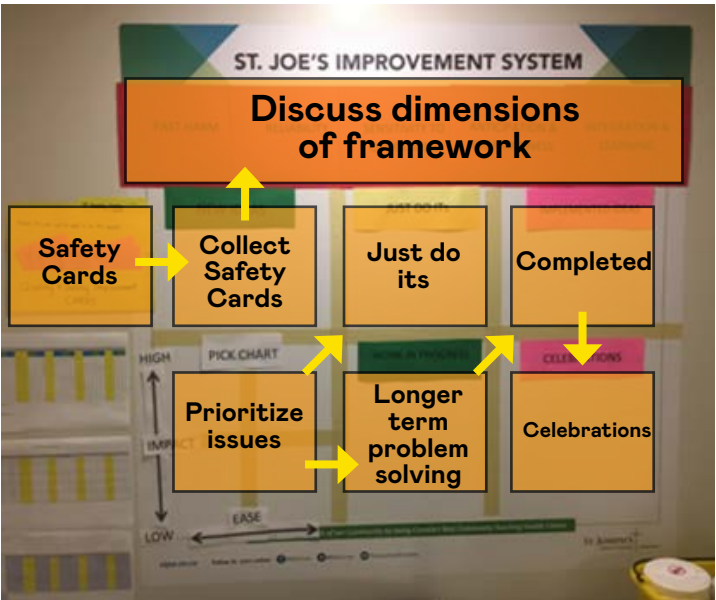
Example of safety board:

Family Birthing Centre, St. Joseph's Health Centre, Unity Health Toronto

A) Initial prototype of safety huddle board



B) Safety huddle process



C) Safety huddle board at 6 weeks, 3 months and 9

6 weeks



3 months



9 months



Example of a safety ticket:

D) Sample of a safety ticket

Safety Improvement Opportunity

Name: Rosanne Date: May 31

What is the Problem? Running out of infusions, drugs in ppxis

Why is it happening? Not enough stock, activity goes up & down.

Potential Solution: Working with pharmacy - too much stock deemed as waste.

MMSF Dimension: (circle) Past Harm Reliability
Sensitivity to Operations Anticipation & Preparedness Integration & Learning

Owner: Rosanne Icheis

What: Pharmacy has increased our queries, added more papetel to ppxis

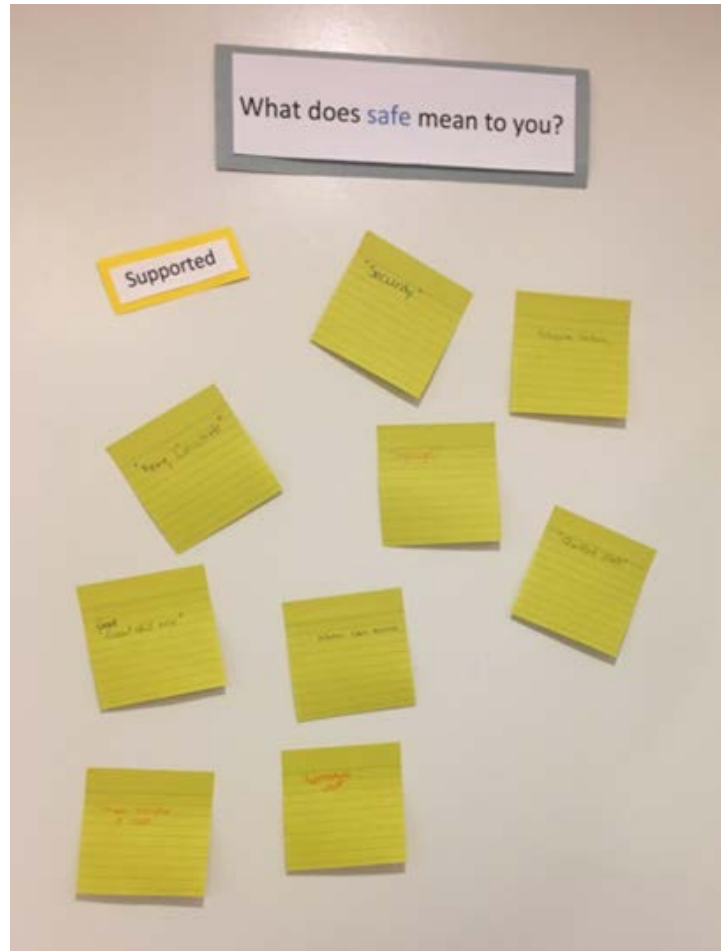
By When: _____

Done Date: June 12/19

Follow Up Date: July 31

Example of a safety huddle board for patients and care partners:

E) Safety huddle board for patients and care partners



Safety Board

Safety Tickets

Blank cards
Safety Tickets
Date
Issue
Potential Solution
MMSF Dimension

Past Harm	Reliability	Sensitivity to operations	Anticipation and preparedness	Integration and learning
Has care been safe in the past?	Are our clinical systems and processes reliable?	Is care safe now?	Will care be safe in the future?	Are we responding and improving?

New Ideas

Collect Safety Cards

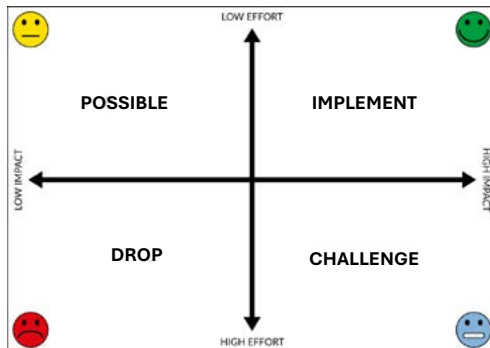
Just do its

Just do its

Implemented Ideas

Completed

Pick Chart



Work in Progress

Long Term Problem Solving

Celebrations

Celebrations

Safety Concern	
Name	
Date	
What is the concern?	
Why is it happening?	
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MMSF Dimension: (check all that apply)	<input type="checkbox"/> Reliability <input type="checkbox"/> Past Harm <input type="checkbox"/> Sensitivity to Operations <input type="checkbox"/> Anticipation & Preparedness <input type="checkbox"/> Integration & Learning
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