Background
Compared to their MidAtlantic nurse colleagues, the medical-surgical nurses of a northern New Jersey hospital had a less positive perception of five composites of the AHRQ Hospital Survey on Patient Safety Culture (HSOPSC). These composites included: feedback/communication about errors, communication openness, non-punitive response to error, management support for patient safety, and supervisor/manager expectations and actions promoting patient safety. Many bedside safety processes had been enacted and many clinical performance improvement projects had been implemented in this hospital to decrease errors, improve safety and enhance communication, yet these nurses scored consistently less positive than a comparable peer group.

Project Aim
The aim of this quality improvement project was to improve the medical-surgical nursing staff’s perception of the safety culture with an overall goal to improve patient safety. This project focused on the implementation of daily unit-based safety huddles on each twelve hour shift. The HSOPSC safety culture composites targeted for this project were specific to the areas of feedback/communication about errors, communication openness, non-punitive response to errors, management support for patient safety and supervisor/manager expectations and actions promoting patient safety.

Literature Review
Based upon the findings of an in-depth review of the evidence, it was apparent that huddles impact communication, improve teamwork, aid in risk identification and serve as an appropriate venue for feedback about errors. The Joint Commission fully supports the role of safety huddles in improving patient safety as shown in their recent publications;
• Sentinel Event Alert 57: The Essential Role of Leadership in Developing a Safety Culture
• Quick Safety Bulletin. Issue 34. Daily Safety Briefings- A Hallmark of High Reliability
Combining expert opinion with scientific evidence led to the belief that safety huddles would positively affect patient safety and resultant staff perception of safety.

Project Design
A multidisciplinary team of staff nurses, nurse leaders, performance improvement and clinical informatics staff supported the Chief Nursing Officer/Doctorate in Nursing Practice (DNP) student in the development and implementation of the safety huddle process.
A pre-survey/post-survey design was used for this three-phase project.
• Pre-implementation: staff training; Institutional Review Board review approval; scripting for leaders of safety huddles; and development of a SurveyMonkey pre and post surveys consisting of the targeted HSOPSC composites and corresponding items.
• Implementation: pilot test of change in the ICU; a one week period for medical-surgical staff nurses to complete the pre-survey; full implementation of the unit-based medical-surgical safety huddles on each shift, for three weeks, on five units.
• Post-implementation: post-survey opened.
A convenience sample of medical surgical nurses who worked during the implementation phase was asked to complete an anonymous survey prior to the start of the safety huddles (control group) and again at the conclusion of the implementation period (study group). Only those nurses who reported participating in at least one huddle were eligible to complete the post-survey.
The HSOPSC survey composites and the corresponding items responses were used to measure the effectiveness of safety huddles. The calculation of positive responses was scored for each item in the selected composite averaged by the number of respondents to the item.
The Hill Daily Huddle Agenda Template was adopted for use as a tool to guide bi-directional communication between the safety huddle leader and staff participants.

"Safety huddles help us to focus our work for the day on those safety issues most important for our assigned patients and our units. Feedback about issues we brought forward the day before lets us know that our concerns are recognized and acted on."
- Medical-Surgical Staff Nurse

Statistical Analysis
Descriptive and inferential statistics were used to determine the effectiveness of the safety huddle process on the staff’s perception of safety. Fifty-four nurses completed the pre-survey and thirty-seven nurses completed the post-survey. More than 65% of the post-survey respondents reported attending 7 or more huddles during the 3 week implementation period.
A Levene test for homogeneity of variances determined both groups were of equal variance, i.e., similar, for all five composites.

Overall positive responses for each selected composite were calculated in accordance with the instructions in the HSOPSC scoring guide and compared statistically from the pre-survey to post-survey results.

An independent t-test and Pearson Chi-square testing were used to determine if there was a statistically significant difference between the pre-survey and post-survey mean positive percentage by composite and by item responses. Statistically significant findings are shown below.

Project Findings
Conclusion
Safety huddles held over a three-week period on the medical surgical units of an urban community hospital improved the staff nurses’ positive perception of safety culture. Statistical analyses concluded that three of the selected HSOPSC composites and six items had statistically significant (p < 0.05) increases, indicating that safety huddles influence communication openness, non-punitive response to error and supervisor/manager expectations and actions supporting patient safety.

Strengths
• Support and enthusiasm of the project stakeholders
• Anonymity of the respondents
• Statistically significant findings at the composite and item levels

Limitations
• Possible influence of the DNP student’s role as Chief Nursing officer at project site
• Anonymously responses did not allow for pairing responses at the individual level for statistical analysis

Significance
• Adds to the body of safety culture knowledge
• Enhances the project site’s safety culture
• Supports the use of evidence-based findings

References

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