

High Reliability Through Charge Nurse Huddles: Improving communication to Decrease Absenteeism



Audra Overman, MSN, RN, CCRN

Background

- Farley et. al (2019) implementation of a daily shift huddle led to increased staff engagement and decreased staff turnover rates.
- Hastings et. al (2016) team-based care model results positive changes in:
 - vacancy rates, absenteeism, overtime hours
- Aldawood, et al. (2020) found that leadership can build trust and bring the team together through timely responses to staff's concerns.
- Davila et al. (2017) state that shift huddles are a necessary component of driving high reliability outcomes and are vital to develop and improve quality initiatives.
- Castaldi et. al.'s (2019) implementation of huddles found staff to be more comfortable speaking up, improved communication, and staff were empowered to find solutions to challenges.
- Kahiu (2019) huddles sustained communication between staff, increased staff satisfaction, teamwork, collaboration, and reduced staff call-ins and tardiness.
- Ticharwa et. al (2018) effective leadership is associated with fewer absences and increased job satisfaction.
- This project will not only help open those lines of communication but decrease staff absenteeism through high reliability. Closing the communication loop is vital for both parties to feel they are heard and supported.

Purpose

- The last annual Caregiver Experience Survey at Covenant Medical Center showed results for Staffing Operations Department that indicated:
 - low staff morale
 - low job satisfaction
 - decreased buy-in to the organization
- These results were also supported by current increased call in rates resulting in corrective actions. Many comments also directly related to the communication, or lack thereof, by leadership.

Methods

- Currently Charge Nurses are tasked with leading unit huddles every shift. However, there is not a set format for these huddles nor specific information that is passed on to staff. With this project we will implement a huddle template, not only for the aid of the charge nurse, but also so that staff knows what information to expect and can prepare questions or concerns. These meetings will last no more than 10 minutes at the beginning of the shift. The huddle template will include the following sections: New General Hospital Information, Department Specific Information, and Follow up to previous frustrations/concerns.

Results

- Goal: improve communication through Charge Nurse Huddle tool, reduce absenteeism in SOO by 30% by July 1, 2021.
- Huddles completed at a rate of 86% for dayshift and 85% for nightshift.
- Anecdotally, absences noted to have decreased from April to May.
 - June-11 unexcused absences
 - May-11 unexcused absences
 - April-24 unexcused absences
 - March-9 unexcused absences
 - February-18 unexcused absences

Discussion

- While not statistically determined due to implementation, noticeable decline in absences from February and April with no huddle, to May and June when huddle was in place.
- Since implementation, staff have increased overall communication with direct leadership, showing a level of comfort approaching direct leadership to utilize the open-door policy of leadership. It could be theorized that the increased communication by staff is a result of leadership being better able to close the communication loop and address their concerns, questions, or points of conversation that were brought up and transcribed during the shift huddles.

Implications for Practice

More research needs to be done regarding the use of Charge Nurse Huddles as they relate to absenteeism. The anecdotal finding regarding increased communication between staff and direct leadership with implementation of the Charge Nurse Huddle creates another research opportunity. It is important for more improvement processes, or alterations to the current Charge Nurse Huddle, be completed in order to better understand the relationship between huddles, communication and nursing staff absenteeism

Acknowledgments

Special thanks to Covenant Medical Center, PCU E3, and the Staffing Operations Office Staff for their involvement in implementation and completion of this quality improvement project.

