



Daily Safety Briefing

Solution

What...

A Daily Safety Briefing is a short (less than 15 minutes), deliberate, and focused report and collaborative conversation among leaders about safety events and safety risks.

Why...

- ▶ To foster collaborative efforts to detect, and then prevent or mitigate, actual or potential safety issues.
- ▶ All five characteristics of High Reliability Organizations (HROs) can be found in a Daily Safety Briefing: Sensitivity to Operations, Reluctance to Simplify, Pre-Occupations with Failure, Deference to Expertise and Resilience. All HROs conduct some variation of a Daily Safety Briefing.
- ▶ Reports show a documented reduction of 39%-75% in serious safety-event rate and 74% of leaders reported a positive impact on department safety and report “best thing we’ve done for safety.”

“Safety doesn’t happen by accident.”

- Author Unknown



How...


A Daily Safety Briefing is a short (<10 or 15-minutes) huddle of the leaders of the organization with a core agenda that most often includes:

- ▶ Number of Days Since Last Serious Safety Event &/or other safety metrics
- ▶ Each department/discipline, in standing order, reports on the following items:
 - Safety events, near misses, and quality issues since last Daily Safety Briefing
 - Actual or anticipated safety/quality/risk issues in the next 24 hours
 - Any defects requiring follow up tracking
- ▶ Evaluation of Meeting Effectiveness (at prescribed intervals)

EXAMPLE OF AGENDA

Journal of Healthcare Management

FIGURE 1
Daily Safety Briefing Sheet

	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DAILY SAFETY BRIEF </div>												
Date: _____													
<input type="checkbox"/> Census: _____													
<input type="checkbox"/> Days since last <u>Potential</u> Serious Safety Event: _____													
<input type="checkbox"/> Days since last Staff Injury: _____													
Patient Safety Message: Tool #2: Clear Communications: SBAR, 3 way repeat back, ask clarifying questions, phonetic & numeric clarification.													
Unit/Department Check in:	Standard Report Format: (10 seconds each)												
<input type="checkbox"/> Emergency Department <input type="checkbox"/> Clinical Decision Unit <input type="checkbox"/> Acute Hemodialysis <input type="checkbox"/> Pauahi 7 <input type="checkbox"/> Pauahi 6 <input type="checkbox"/> Pauahi 5 <input type="checkbox"/> Pauahi 4 <input type="checkbox"/> Tower 10 L&D/PP/NSY <input type="checkbox"/> Tower 9 Ewa / Iolani 2 <input type="checkbox"/> Tower 9 DH <input type="checkbox"/> Tower 8 <input type="checkbox"/> Tower 7 <input type="checkbox"/> Tower 6 & 3 <input type="checkbox"/> Tower 5& 4D <input type="checkbox"/> Tower 4M <input type="checkbox"/> Tower 4C <input type="checkbox"/> Kekela <input type="checkbox"/> Family Treatment Center <input type="checkbox"/> Hale Palama Mau <input type="checkbox"/> Operating Room <input type="checkbox"/> PACU, Kinau 3, Kamehameha 4, Endo <input type="checkbox"/> Same Day Surgery <input type="checkbox"/> Kamehameha 3 <input type="checkbox"/> Urology <input type="checkbox"/> Cancer Center <input type="checkbox"/> Radiation Therapy <input type="checkbox"/> Colon Screening Program <input type="checkbox"/> Infusion Center <input type="checkbox"/> Trauma Services <input type="checkbox"/> Women's Health Center <input type="checkbox"/> Wound Center <input type="checkbox"/> Queen Emma Clinic <input type="checkbox"/> Dental Clinic <input type="checkbox"/> Sleep Lab <input type="checkbox"/> Cardiac Invasive/CRU <input type="checkbox"/> Cardiac Non Invasive	<input type="checkbox"/> Physicians <input type="checkbox"/> Crisis Nurses & Staffing <input type="checkbox"/> Transplant <input type="checkbox"/> Diabetes Ed Center <input type="checkbox"/> Lab-Clinical (DLS) <input type="checkbox"/> Pathology <input type="checkbox"/> Imaging <input type="checkbox"/> Respiratory Therapy <input type="checkbox"/> OT/PT/ST <input type="checkbox"/> Social Work <input type="checkbox"/> Case Management <input type="checkbox"/> Transfer Call Center <input type="checkbox"/> Patient Relations <input type="checkbox"/> Volunteers <input type="checkbox"/> Pharmacy <input type="checkbox"/> Environmental Services o Food & Nutritional Svs o Central Transport Svs o Housekeeping <input type="checkbox"/> Central Distribution <input type="checkbox"/> Biomed <input type="checkbox"/> Facilities <input type="checkbox"/> Security <input type="checkbox"/> CareLink <input type="checkbox"/> IT <input type="checkbox"/> Infection Control <input type="checkbox"/> Risk Management <input type="checkbox"/> Quality & Patient Safety												
1. This is (name) reporting for (unit or department).													
2. Report Significant events in last 24 hours (example: Serious safety events, safety events that reached the patient & resulted in minimal harm or no harm, Near Miss events, Good Catches, Significant event reports, med errors and what they are, equipment failure, significant patient/family concerns) <input type="checkbox"/> Report only Codes, RRT, left AMA only IF a problem													
3. Needs for today													
4. Significant events anticipated in next 24 hours													
5. End with: "End of report"													
Leader Summary:													
1. Follow-up of top 3-4 "Hot List" Items													
2. Plan /Challenge for the Day (Surg, surveys, drills etc.)													
3. Special Announcements													
4. Be safe message													
Summary of top significant issues/Follow-up Hot List:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">What</th> <th style="width: 25%;">Who</th> <th style="width: 25%;">When</th> </tr> </thead> <tbody> <tr> <td>1.</td> <td></td> <td></td> </tr> <tr> <td>2.</td> <td></td> <td></td> </tr> <tr> <td>3.</td> <td></td> <td></td> </tr> </tbody> </table>	What	Who	When	1.			2.			3.			
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2.													
3.													

Source: The Queen's Medical Center.



TIPS

- ▶ Each day, at a pre-established time and location, the briefing will be held. It will always start promptly at the designated time. This will be a quick stand-up meeting typically chaired by the Administrator-On-Call or a Safety/Quality Leader.
- ▶ On-time attendance is mandatory. Recommended leaders include: Senior Leaders, leaders representing each clinical unit/department, Admitting/Registration/Patient Access, Community Relations, Patient Advocacy, Pharmacy, Social Services, Food & Nutrition, Housekeeping, HR/Workers Comp/Occ. Health, Infection Control, Information Systems/Technology, Material Management/Stores/Purchasing, House Supervision, Plant/Construction/Building Ops, Safety Officer, Social Services, Staffing, Utilization Review and Medical Staff Quality Chair, and Performance Improvement/Quality/Risk Management, Volunteer Services
- ▶ Departments/disciplines must be represented for the entire meeting, even if no safety issues to report.
- ▶ Departments provide reports during the Daily Safety Briefing in a consistent order.
- ▶ Facilitate phone- and/or video-conference participation from those in remote/off-site locations
- ▶ Denote a scribe to take attendance and document the major findings from the briefing and to track follow up to identified defects. Recommended measurements reported/tracked ongoingly: Day since last serious safety event and last staff Injury
- ▶ Plan and implement a process for the timely relaying of any necessary information out to all staff in follow up to each briefing
- ▶ Formally “study and adjust” Daily Safety Briefings as needed, but a minimum of once each year

STANDARDS OF CONDUCT DURING THE BRIEFING

- ▶ No side bar conversations
- ▶ Keep reports “non-blaming” and “non-threatening”
- ▶ If a participant has no issues to report, standardized key words can be adopted such as “I have no safety issues to report” or “We are safe today”
- ▶ At the end of each report, close by stating “I have no further safety issues to report” (or other adopted key words) to indicate that it is the next person’s turn to report
- ▶ Take advantage of quick problem solving; but don’t get bogged down with solving bigger issues. Some problem solving will be done between these daily briefings.



LEADERS' ROLES

- ▶ Preparation
 - Prepare for Daily Safety Briefing report
 - Review incident/occurrence reports, talk to your staff, staff safety log
 - Best Practice: Have your employees prepare the safety brief for you. Engage them to “know” the time of this needed information and train them on a look back (24 hours of potential or actual safety issues), look forward (potential threats in the next 24 hours) Doing this means you do not have to track them down to have the conversation with each employee. The employee who is the “safety Brief report” assigned for the day will have it ready for you.
 - Assign a replacement if you cannot attend
- ▶ Engage in Daily Safety Briefing
 - Arrive on Time, Report, Listen, Offer Assistance, Identify Trends/Defects
- ▶ Follow Up
 - Follow up on defects/risks/issues, communicate to staff - Dependent on the type of department each leader leads, the leader needs to find a way to communicate immediate safety issues with their employees

EMPLOYEES' AND PHYSICIANS' ROLES

- ▶ Report occurrences/incidences, including Near Misses/Good Catches
- ▶ Identify and report potential risks
- ▶ Communication (pre- and/or post- Daily Safety Briefing)
- ▶ Potentially serve as designee for leader to attend Daily Safety Briefing

