Knowledge Award audio summary overview transcript: HUSH Huddles: Huddle up for safer healthcare by Paragon Veterinary Referrals

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I am Helen Garbett, the Learning and Development Team Leader and RVN at Paragon Veterinary Referrals. During our monthly Quality Improvement meetings, we identified medication incidents were contributing to 50 % of all reports. Previous methods to reduce this had limited improvement. We researched other methods and found the HUSH initiative run by the Improvement Academy, a Yorkshire NHS initiative that has demonstrated safety improvements in multiple wards over the last 10 years, which I had witnessed in action at St. James's Hospital in Leeds.

The Improvement Academy are a team of improvement scientists, patient safety experts and clinicians. HUSH, an acronym for Huddle Up for Safer Healthcare, is an innovative team-based approach. It combines a team huddle with measuring and celebrating improvements. This is the first time the Improvement Academy have adapted this for veterinary practice. The huddles are held at the same time each day, lasting for five to 10 minutes only. They are led by the most suitable person with all team members being invited, including those non-clinical. This enables us to target as many associates as possible to explore how the errors occurred and gain suggestions to prevent the same errors in future. The huddles are focused and identify patients at high risk of errors and discuss ways of mitigating them.

The agreed actions are followed up and the learnings are shared amongst the team. The harms data is visualised on a days between board, updated daily and achieved milestones are celebrated with certificates. The huddle takes a proactive approach to preventing errors with involvement and suggestions from those working closest with the patients, a bottom-up approach. Within the first two audit cycles, we achieved 10 error free weeks in five months since starting the huddles, compared to 10 error-free weeks in a year before the huddles. A 10 % reduction in total medication errors from August to December 2024 compared to August to December 2023.

Since we submitted the application for the RCVS Knowledge Award, we have demonstrated a reduction of 25 % in total medication errors. The data was collected by colleagues submitting patient safety reports. These were reviewed weekly by the Quality Improvement Team collated and sent to the Improvement Academy for statistical analysis two monthly using statistical process control charts. The barriers to this project were initially a lack of team engagement. The Improvement Academy conducted a workplace culture survey and openly discussed the results of this with the whole team.

This enabled us to gain valuable insights to how all members of the team perceive the safety workplace and cooperation culture and how they feel those in management positions contribute or are detrimental to this. The results were explored with the team to put in place strategies to the problem areas. Following this, we had a higher engagement in the huddles. By celebrating the number of days between errors, the team now strive for longer error-free periods and set their own new targets.

The specific errors we targeted to reduce have stopped occurring. The medication errors we are seeing now are new ones that had not been noticed previously or hadn't been discussed in the huddles. Once errors are discussed in the huddles, they tend not to reoccur. Team members are more diligent and are now picking up on more incidents before they reach the patients. The HUSH huddles have created a psychologically safe environment for all the clinical team members to openly discuss the errors they have made.

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