Transforming Children's Cancer Care 1 huddle at a time!

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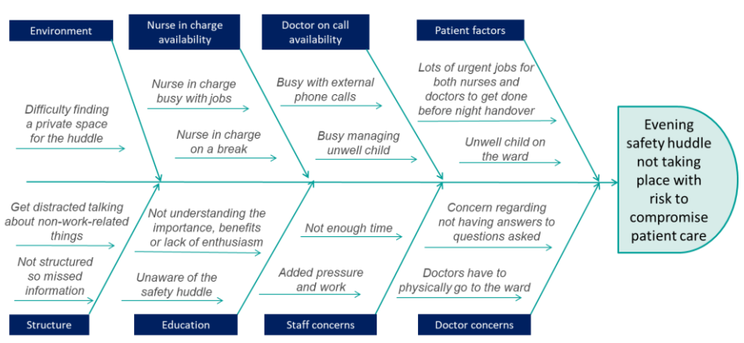
PROBLEM
Evening safety huddles are not taking place on the children's cancer wards. This lack of communication between the doctors and nurses is impacting patient care, safety, team cohesion and morale.

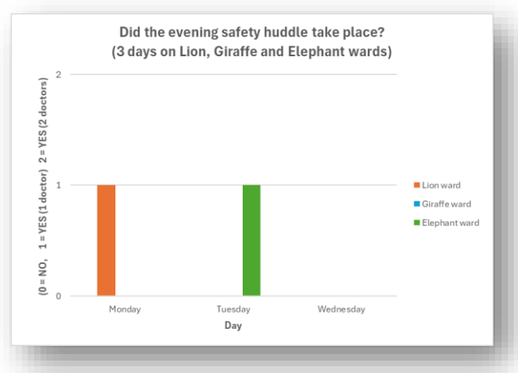
BACKGROUND

An adaptation of the RCPCH SAFE huddle, the safety huddle is a short meeting between the nurse in charge and doctors. It promotes patient safety and minimises harm in the children's cancer care wards. It contributes to improved patient outcomes through situational awareness and encourages multidisciplinary working and team cohesion.

DIAGNOSTICS

Evening handover with the oncology and haematology doctors → *Evening safety huddle with the nurse in charge of Lion, Giraffe and Elephant wards* → *Plan discussed for each patient – highlighting deteriorating patients and procedures/chemotherapy due the following day* → *Urgent jobs completed* → *Patients safely managed*





AIM

By the end of February 2025, evening safety huddle will be conducted everyday by the doctors together with the nurse in charge on Elephant, Lion and Giraffe cancer wards (currently twice per week on only 1 ward)

MEASURE

Huddle taking place on the 3 wards.
0 = No huddle taking place
1 = Huddle taking place on 1 ward
2= Huddle taking place on 2 wards
3= Huddle taking place on all 3 wards
Inclusion: All discussions after evening handover regarding deteriorating patients, procedures/chemotherapy planned for the following day, plans for each patient and urgent jobs.
Exclusion: Social discussions or specific discussion on 1-2 patients on the ward only

CHANGE IDEAS

- Send emails/Whatsapp messages to resident doctors to remind them of the huddle
- Education sessions
- Specific time for the huddle
- Posters in key clinical areas
- Huddle champions
- Include in induction teaching

PDSA cycles

PDSA Test #	PLAN	Do	STUDY	ACT
1.1	Present benefits of completing the safety huddle to resident doctors	10/12/2024: QIP storyboard presented to 9 resident doctors after the weekly registrar teaching	Not all resident doctors were aware of the benefits of safety huddle. Some did not know what it involves. Others felt there's not enough time to do the huddle as the evening is busy after handover.	**Adapt** Discuss with resident doctors one to one to reiterate the benefits
1.2	Informal discussion with individual resident doctors in doctor's office to emphasise benefits	13/12/2024: Discussed the evening safety huddle benefits with 4 resident doctors	They understood the benefits of the huddle but wanted nurses to come to the doctor's office to do the huddle as they felt they did not have time to go around to all the wards after evening handover.	**Extend** Meet with the nurses to find a way forward
1.3	Speak to the senior nurses in charge of Giraffe, Lion and Elephant ward	16/12/2024: Discussion with Senior nurses on ideas for ensuring safety huddle is done daily.	They agreed that safety huddle is vital, giving examples of times patient care and safety would have improved if it took place. Keen to have the huddle on the ward, not in doctor's office. Evening is busy for them - being in charge AND allocated patients to care for. They want to attend the doctor's morning handover and see more teamwork – instead of following the doctors around! They were happy to email/message on their ward group chat to ensure the senior nurses who are in charge are aware of the huddle after doctors evening handover.	**Extend** Discuss with resident doctors again to explain that huddle needs to take place on the ward
1.4	Email resident doctors - remind them of the safety huddle and highlighted the benefits	27/01/2025 – Emailed 24 resident doctors highlighting the benefits of safety huddle, nurse concerns and value to them of the huddle.	4 resident doctors discussed the email with me whilst we were sitting in the doctor's office. They appreciated the benefits and agreed it was a good idea. A couple said they did huddles on a different ward at GOSH and UCLH where it worked well.	**Again** Send on WhatsApp
1.5	Send a WhatsApp message to all the resident doctors to remind them of the evening safety huddle	30/01/2025 – Sent message to 80 members in the GOSH haematology/ oncology resident doctors group chat	No reactions or messages on WhatsApp. 50% showed as 'seen'. It is unclear whether they read the message as there were other messages sent at the same time.	Continue Use WhatsApp as a way of encouraging and reminding the resident doctors to do the safety huddle as a message can be sent close to the evening handover time.
2.1	Speak to the nurses in charge of the wards reiterating the importance of the safety huddle	31/01/2025 – Spoke to the nurses in charge of the wards	Very keen to do safety huddles - but the doctors not coming to the ward after evening handover. Agreed to message/email their nursing colleagues again to ensure they are aware of the huddle.	**Extend** Ask ward managers to think of ideas to ensure resident doctors **and** nurses in charge meet for the huddle.
2.2	Meet with ward nurse managers to find a way to ensure the resident doctors **and** nurses in charge can do safety huddle	03/02/2025 - Meeting with the lion, elephant and giraffe ward nurse managers	Discussed difficulties of doing the huddle BEFORE evening handover - would work better for the nursing team. Agreed to allocate specific time (18:00, 18:05 and 18:10) for evening safety huddle on each of the wards. Nurse managers to email/message the nurses to make them aware.	**Extend** Share plan with the resident doctors via email and WhatsApp
2.3	Share the evening safety huddle plan with the resident doctors through email and WhatsApp	03/02/2025 – Email sent to 24 resident doctors and WhatsApp to 80 members of group chat.	Unsure if the email and WhatsApp message were read by the resident doctors as I did not get any feedback.	**Abandon** Meet with QI mentor, Nikki, QIClearn
3.1	Meet with Nikki (QIClearn Mentor) in the PDSA clinic to see if discuss other ways of encouraging the resident doctors to do the safety huddle	03/02/2025 – Met with Nikki	Nikki suggested going smaller! One doctor on one ward after evening handover to do the huddle. Provide lots of encouragement to both the medical and nursing team to share benefits of huddle and help make it normal evening practice.	**Adopt** Try this with a resident doctor over the next few days
3.2	Go around with ONE doctor after evening handover and do the safety huddle on ONE ward only (Giraffe)	06/02/2025 – ONE doctor joined me to do the evening safety huddle on ONE ward. I provided lots of praise to both the nurse and doctor involved in the huddle.	They saw how quickly the huddle can be done (lasted around 2 mins). They saw the benefits as they updated each other about the patients and it was clear which jobs were pending.	**Again** Repeat this for huddle on all 3 wards
3.3	Go around with ONE doctor after evening handover and do the safety huddle on all 3 wards	07/02/2025 – A different doctor joined me to do safety huddle on all 3 wards	The nurses in charge were happy with the plan. There was a prescribing error and blood tests which had yet been done which got actioned. The doctors and nurses felt updated with the patient plans.	**Extend** Both haematology and oncology on call doctor go around to do the huddle
3.4	Go around with the 2 doctors on call after evening handover and do the safety huddle on all 3 wards	10/02/2025 - I went around with oncology **and** haematology resident doctors on call to do the safety huddle on all 3 wards	The huddle on all 3 wards started at 18:00 and was completed by 18:10. Both the nurses and doctors felt they were more aware of the patient plans and knew which jobs were urgent before night handover.	**Again** Repeat the following day with different resident doctors on call
3.5	Go around with the 2 doctors on call after evening handover and do the safety huddle on all 3 wards	11/02/2025 - I went around with 2 different oncology and haematology doctors to do the safety huddle on all 3 wards	2 of the 3 nurses in charge were not available to do the safety huddle as they were busy doing other jobs. Therefore, it only happened one ward.	**Adapt** Ask to join the upcoming Inpatients Improvement Group Meeting with consultants and nurse managers
3.6	Attend haematology/ oncology Inpatients Improvement Group Meeting to discuss importance of both nurses and doctors being available for the safety huddle	12/02/2025 – Presented project and problems faced with nurses not being available. I discussed the exact timings and asked that nurses in charge are available at those timings.	The nurse managers said they will email the nurses to ensure that they are available and if they miss the time, then they will have to go to the doctor's office to do the huddle. The 2 consultants who attended suggested I put posters up on the ward.	**Adopt** Create posters to remind both the nursing team and the resident doctors of the huddle
4.1	Design a poster highlighting the timings for the safety huddle	14/02/2025 – Designed poster and asked for feedback from resident doctors.	Doctors felt poster was not eye catching and did not highlight the benefits of the safety huddle. They also felt that I needed to include a line on the importance of reminding one another of the huddle.	**Adapt** Redesign poster - include suggestions made by doctors
4.2	Redesign poster - ensure it is eye catching and include recommendations from doctors	15/02/2025 – 2 different designs tested - feedback requested from doctors and nurses	The doctors and nurses felt that both posters were great as it included all the benefit to patient care and was very bright and noticeable.	**Adopt** Display the poster in key clinical areas
4.3	Display posters in key clinical areas to ensure that it is seen by doctors and nurses	15/02/2025 – Posters placed in seminar room, doctor's office and on nurse's station for all 3 wards.	Nurses and doctors noticed the posters and found them very useful in reminding them about the safety huddle as they were bold and colourful.	**Continue**
5.1	Discuss the huddle in the junior/senior meeting highlighting the need to do it on the weekends as well	19/02/2025 – Highlighted that it is being done on the weekdays but not the weekend.	Doctors felt difficult to remember huddle on the weekend - no evening handover and only one doctor covering each speciality. They agreed to do the weekend huddle at the same time. Discussion was noted in the meeting minutes. Doctors asked that the nurses call them around 6pm to remind them of the huddle as they do not realise it is 6pm and time to huddle when they are busy.	**Adapt** Ask nurses in charge if they can call the doctors that evening at 6pm to remind them of the huddle
5.2	Ask nurses if they would be able to call the doctors to remind them of the huddle	19/02/2025 - Discussion with the nurses in the evening before handover	Only 1 of the 3 nurses in charge was happy to call and remind the doctors. The other 2 nurses felt that the doctors should take ownership and not have to be reminded. They suggested I send WhatsApp messages to remind the resident doctors.	**Adapt** Use WhatsApp to remind
5.3	Send reminder on the WhatsApp group around 17:30	20/02/2025 – Reminder sent on WhatsApp to do the safety huddle	Unsure if the doctor who is on call has time to look at the WhatsApp group chat. Not feasible to do everyday and when I leave this will be difficult to facilitate.	**Adapt** Get an email notification similar to the teams link notification that is sent in the morning before handover
5.4	Set a reminder via GOSH email	21/02/2025 – I realised it was difficult to send an email notification without creating a team's link.	Not all the doctors have email notifications turned on their phones	**Abandon**
6.1	Discussion at end of the consultants meeting to ensure that the evening safety huddle is discussed in the new doctor's induction	25/02/2025 - I joined the consultant meeting as a trainee representative and made a case to add it to the induction teaching	The consultants agreed to do this as they felt this would help present it as normal practice for the new doctors which would ensure that they do the huddle right from the start of their new new rotations. The consultants asked me to ensure someone takes over my role to ensure the huddle continues after I have left.	**Continue** Allocate nursing and medical huddle champions to ensure that the huddle continues after I leave the trust
6.2	Allocate nursing and medical huddle champions who will work to ensure the safety huddle continues after I leave the hospital	26/02/2025 – Visit all 3 wards and doctors office to recruit huddle champions to ensure the huddle continues after I leave.	A registrar who will continue at the trust for the next 6 months and a nurse on each ward were happy to take on the role as huddle champions. I provided handover of what I had done for the project and how to ensure the huddle continues through reminders and encouragement.	**Adopt**

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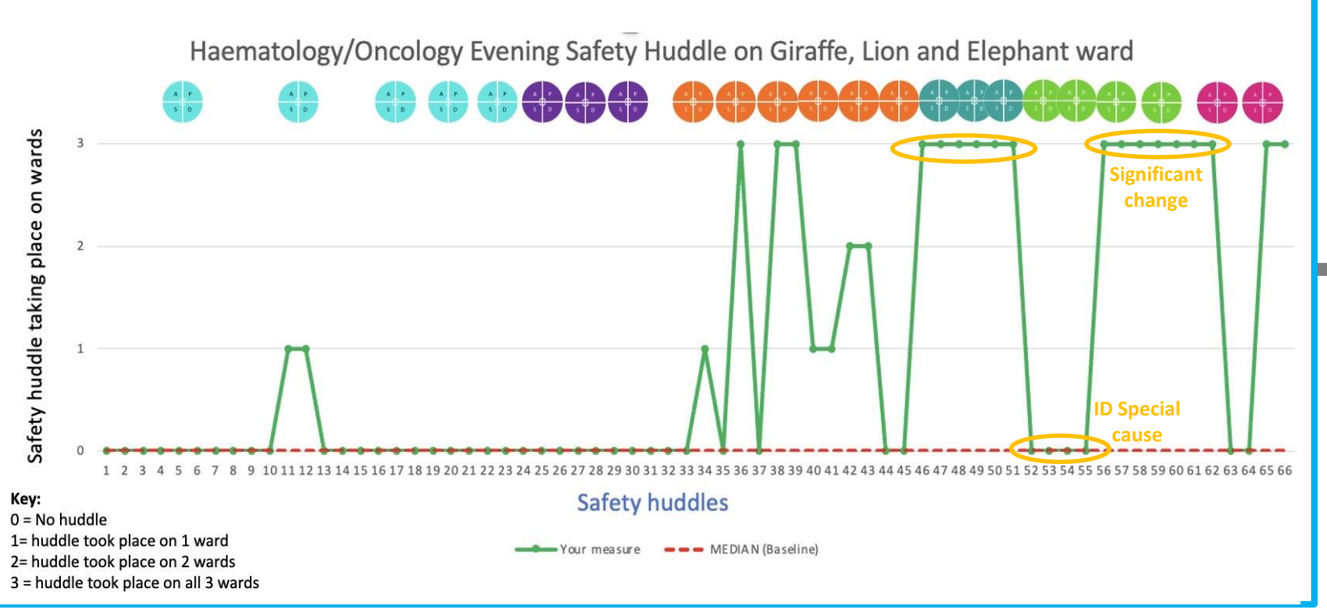

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CONCLUSION & LEARNING

- I achieved my aim of ensuring safety huddles took place in every ward by both on call doctors for 5+ days on two occasions (up from 1 doctor twice a week). The dip (special cause) helped identify that the weekend team needed reminding to do the huddle (PDSA 5).
- It was challenging to engage and get the team involved in following through the change idea – the importance of involving all the stake holders early!
- Small scale tests through PDSA cycles can help make improvements in a short amount of time
- A structured way of thinking about the problem and the various factors resulting in the problem aid with creating and trialling change ideas
- Using a poster to remind the team was very helpful.

REFLECTIONS

- Difficult to introduce a new routine into a healthcare professionals shift
- Not to assume that the team are aware of interventions previously introduced in the department
- Various discussions required to ensure the different members of the team are happy with the changes being tested
- Use of praise to provide encouragement to team members
- Challenging to sustain change once I have left the department
- Having huddle champions to ensure the quality improvement is carried forward is important to ensure consistent change

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