Daily Check-In for Safety

We check in every day to maintain awareness of operations and immediate problems impacting the front line. Craig Clapper, HPI

Daily Check-In Origins

- A concept borrowed from the nuclear power industry translated for healthcare
- The ‘daily check-in’ (DCI) for safety is ‘a deliberate, focused report and conversation among leaders about safety events and safety risks’.

Daily Check-In in Healthcare

- DCI is a short meeting of the senior leadership with all department leaders of the organization
- A three-point agenda is used:
  - Look back
  - Look ahead
  - Follow-up
- AKA: Huddles or Briefings

General Info

- Daily Check-In can be performed at all levels of an organization.
- A huddle of the leader and key members of the team at the beginning of the day or of the shift.
Benefits of Check-Ins

- Leadership awareness of front line operations
- Identifying problems in an interdepartmental forum
- Assigning ownership for issue resolution
- Ensuring common understanding of focus
- Identifying priorities for the day
- Regular communication among front line staff and senior leadership

Potential Pitfalls

- Overcoming resistance to Every Day, Everyone
- Keeping a focus on safety
- Keeping it brief

Leadership’s Role

- Senior leader involvement is critical
- Overcome resistance of “everyday, everyone”
- Keep it focused on safety, redirect the meeting as needed
- Have a questioning attitude
- Keep it brief

Daily Check-In at SHC

- Monday thru Friday
- 2:45
- Stand-up meeting in our major trauma
- Attended by:
  - Clinical Services Administrator
  - RT - Surgery
  - Radiology - Nursing manager
  - Pharmacy - Lab
  - Outpatient Coordinator
Daily Check-In How-To

- Decide Who -
  - Include your direct reports and others who know the status of operations in your areas of responsibility.
- Decide When -
  - Establish a regular time. Schedule the time on your calendar and hold to it.
- Educate staff on expectations
- Keep it short—15 minutes at the most—and hold it as a stand-up meeting.
- Keep it focused.
- Format can be live-in person or call-in conference call

Three x Three Point Agenda:

- 3 things - 3 questions
  1. Get together
  2. Same time every week day
  3. Ask 3 questions

Ask Three

1. Did any safety issues happen yesterday?
   Significant activities and issues from last 24 hours or last shift

2. What concerns do you have today?
   Anticipated activities and issues in the next 24 hours or next shift

3. What’s the plan to take care of the problems we have found?
   Work prioritization, including assigning problem owners for identified issues

Keys to Success

- Make it feel safe to report the safety issues
- Share these stories to help prevent similar situations from happening in other departments.
- Rapidly address problems that surface in the check-in meetings.
- Escalate concerns to the level to which they can be dealt with.
Take Concerns Seriously

- Say “Thank you” for bringing the issue forth
- Seek greater understanding
- Assign responsibility for remedying the issue
- Assign a time line for resolution
- Establish a process for escalating a concern.

Daily Check-In Topics

- Always use a Patient First focus
- Conditions that distract our ability to focus or think critically about our patients?
- Deficiencies in information, equipment, supplies or staff that make it hard to deliver safe care?
- Safety issues that may impact other departments?
- Conditions outside our hospital that could impact our ability to deliver safe care today?
- What actions is my department taking to have a safe day?

Look Back Topics

- Significant safety or quality issues from the last 24 hours
- Are there safety issues that I know about that may impact other departments?
- How do you know you had no problems in the past 24 hours?

Look Ahead Topics

- Anticipated safety or quality issues in next 24 hours
- Do we have any high-risk patients or procedures?
- Do we anticipate any non-routine procedures or tasks?
- How are you preparing your team for that high-risk task?
- What other areas does this impact?
Follow-Up

- Status reports on issues identified today or days before.

**Prioritization:**
Issues are stratified into 2 categories

- **Barriers to care:** impacting employees’ ability to provide care. To be resolved but will take longer than 72 hours.

- **Critical issues:** significant to patient or employee safety. To be resolved ASAP and within 72 hours

---

**Tracking and Recording**

- Daily check-in log sheet
- Weekly format
- Tracks attendance by department
- A tool to track issues until resolved

---

**Daily Check In**

<table>
<thead>
<tr>
<th>Attending</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>T</th>
<th>W</th>
<th>Th</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Look Back**
- Did any safety issues happen yesterday?
- Significant safety or quality issues from the last 24 hours

- **Look Forward**
- What concerns do you have today?
- High risk patients or procedures
- Nonroutine procedures or tasks

**Issue**

<table>
<thead>
<tr>
<th></th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Follow-Up**

- What’s the plan to take care of the concerns we have noted?

---

**Daily Check-In Progress at SHC**

- Started in November
- What we have learned:
  - It is hard to remember – rooster alarm
  - Safety issues addressed
  - Impacts on staffing
  - Equipment issues
  - Physician absence impacts
  - Unusual tests/procedures
  - Major trauma issues
Communication within Memory!

- Issues are brought forth that are important because the meeting is frequent and regularly scheduled
- As departments have dropped in attendance a reminder is given
- We are still getting used to it
- Concern for patient safety is visible and reinforced.

Take Aways…

- Let it be a work in progress – improve as you go to make it fit your facility
- Work hard to keep the meeting non-threatening
- Lead from the top – senior leadership needs an active role

Questions?

Quality in Healthcare Daily Check-In for Safety: From Best Practice to Common Practice
By Carole Stockmeier, MHA, CMQ-OE; and Craig Clapper, PE, CMQ-OE