



VITAL2015

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The Daily Safety Brief A Real-Time Review

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Mini Session



AMERICA'S
ESSENTIAL
HOSPITALS

THE DAILY SAFETY BRIEF (DSB)-DEFINITION

- A daily inter-departmental briefing/touch-base to:
 - » Increase safety of patients, employees, and visitors
 - » Improve awareness and communication
- A leadership method to foster a “high reliability organization (HRO).”
 - » A high risk, high performance organization that uses proven principles to improve quality, safety, and efficiency
 - » “An organization with systems in place that are exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors.” (*Agency for Healthcare Research and Quality*)
- Places real-time knowledge into the hands of problem solvers
- Uses situational awareness and predictive modeling

ADVANTAGES OF A DSB

- Keep all hospital areas aware of the current situation
- Identify safety risks early, fix problems while they are small
- Ensure preoccupation with areas of risk
- Increase transparency and collaboration between departments

DSB DEVELOPMENT

- Team of 4 with physician leader
- Pre-meeting where we listened in
- Conference room reserved each morning in the Center for Quality
- Conference line call in number
- Expectation for people to listen in at the start of their meetings if unable to attend

DSB DEVELOPMENT

- Coaching each department
- Ask depts. to look back 24 hours and look forward 24 hours
- Assure that reporters and staff members are not reprimanded for issues reported on the DSB
- Additional coaching to focus reporting on key issues
- Education

THE DAILY SAFETY BRIEF DEVELOPMENT

- Began in March 2013 - 3 days per week
- Increased to 5 days per week in May 2013
- Monday through Friday 8:00 AM- 8:15 AM
- 24 departments represented

THE DAILY SAFETY BRIEF – REPORTING DEPARTMENTS

- 1) Inpatient Nursing
- 2) Labor and Delivery
- 3) Perioperative
- 4) Emergency Department
- 5) Long Term Care
- 6) Ambulatory Network
- 7) Environmental Services
- 8) Textiles
- 9) Employee Safety/Environment of care
- 10) Logistics
- 11) Psychiatry
- 12) Pharmacy
- 13) Radiology
- 14) Laboratory
- 15) Infection Control
- 16) Supply Chain
- 17) Information Services
- 18) MetroHealth Police
- 19) Facilities Management
- 20) Respiratory
- 21) Central Sterile Processing
- 22) Clinical Engineering
- 23) Emergency Management
- 24) Patient Safety

THE DAILY SAFETY BRIEF – ROUTINE DATA COLLECTION

- 1) Safety Events and Safety Issues
- 2) Census
- 3) Acuity
- 4) Red staffing levels
- 5) Equipment needed
- 6) Code calls
- 7) Rapid Response calls
- 8) Emergency drills/fire watches/access closures

THE DAILY SAFETY BRIEF – STAFF SURVEY RESPONSES

- 1) Overall snapshot of organizational activity/status
- 1) Great deal of information in a short period of time
- 2) Real-time information about the hospital
- 3) Departmental collaboration around identified concerns
- 4) Better appreciation of how their area affects patient care

THE DAILY SAFETY BRIEF – KEY TO OPERATIONS

- Polar vortex-DSB conducted from the Incident Command Center
- LTC facility lost heat-urgent need to evacuate residents-coordination on DSB to open vacant unit in main hospital to accept residents
- Ventilator failure while in use-all like ventilators pulled and returned to vendor for inspection
- Urgent need to replace electrical transformer at rehab facility
- Issues resolved immediately on the call, or expectation communicated to report on issue on next DSB call

Center for Quality's Sharepoint Site



Home | Regulatory Quality | Core Measures | Infection Prevention | Patient Experience | Safety | Publications | Surgical Quality Committe | Epic Quality | Vendors | MHS Quality Goals | Lean Six Sigma



Center for Quality > Shared Documents > Daily Safety Brief (DSB) > 2015 > May 2015

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Type	Name	Modified By
	DSB 5.1.2015	jspath
	DSB 5.12.2015	Anne Aulsio
	DSB 5.13.2015	jspath
	DSB 5.14.2015	dpopa
	DSB 5.15.2015	Anne Aulsio
	DSB 5.18.2015 !NEW	mmays
	DSB 5.19.2015 !NEW	Anne Aulsio
	DSB 5.5.2015	aanderson
	DSB 5.7.2015	mmays
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- Lean Six Sigma

Documents

- Shared Documents

Pictures

Lists

- Contacts
- Tasks

Center for Quality's Sharepoint Site

ED



NotOnCall

ED Census:

EDLF1:

EDLF3:

CDU Census:

EDLF2:

EDLF6:

ED Waiting Adm:

CDU Waiting Adm:

Notes:

24 hour census=274, past 72 hours 81 traumas, 2 trauma were full arrest, no code stemi , no pumps needed, ground unit green at 11a, life fight 3 down for service

Logistics



NotOnCall

TranspStaffing:

RegularBeds:

WheelChairs:

SpecBeds:

Notes:

6 short on PCA, doing pump run, fill orders by 9:15 am

Long Term Care



NotOnCall

Census6A:

Staffing6A:

ED Visits:

CensusTPC:

StaffingTPC:

Admitted:

Returned:

Notes:

No Safety Issues

Amb Network



NotOnCall

Ambulatory Network PtsSched:

No Safety Issues

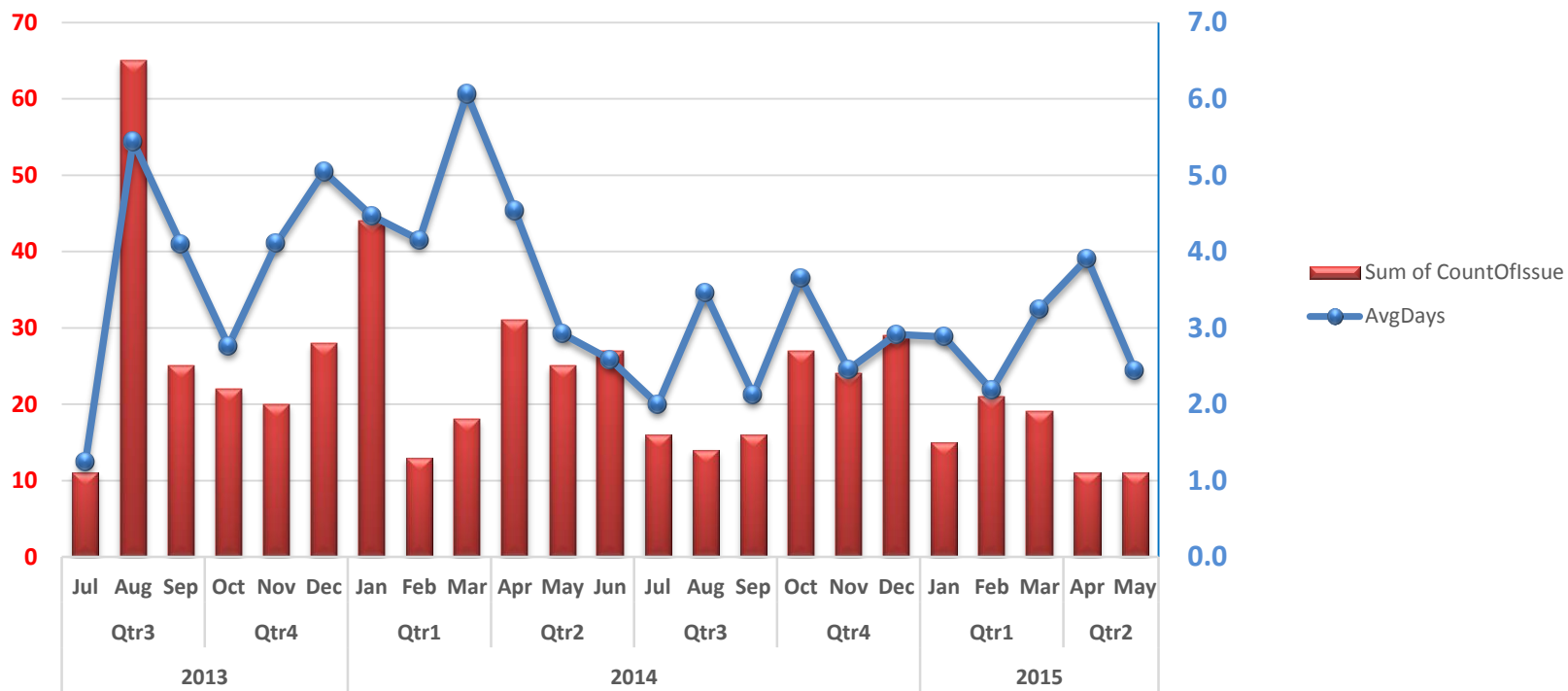
Notes:

No Safety Issues



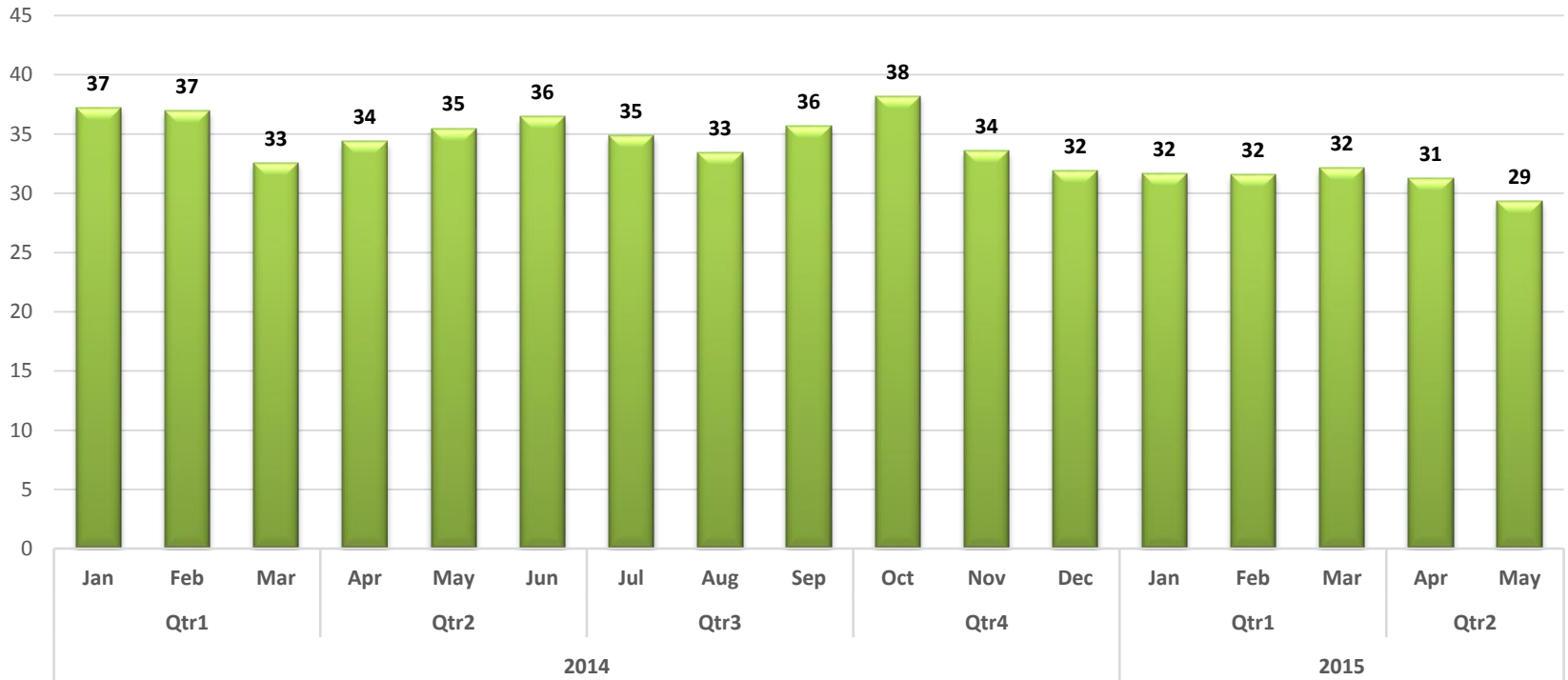
DSB-DAYS TO ISSUE RESOLUTION

Issue Resolution

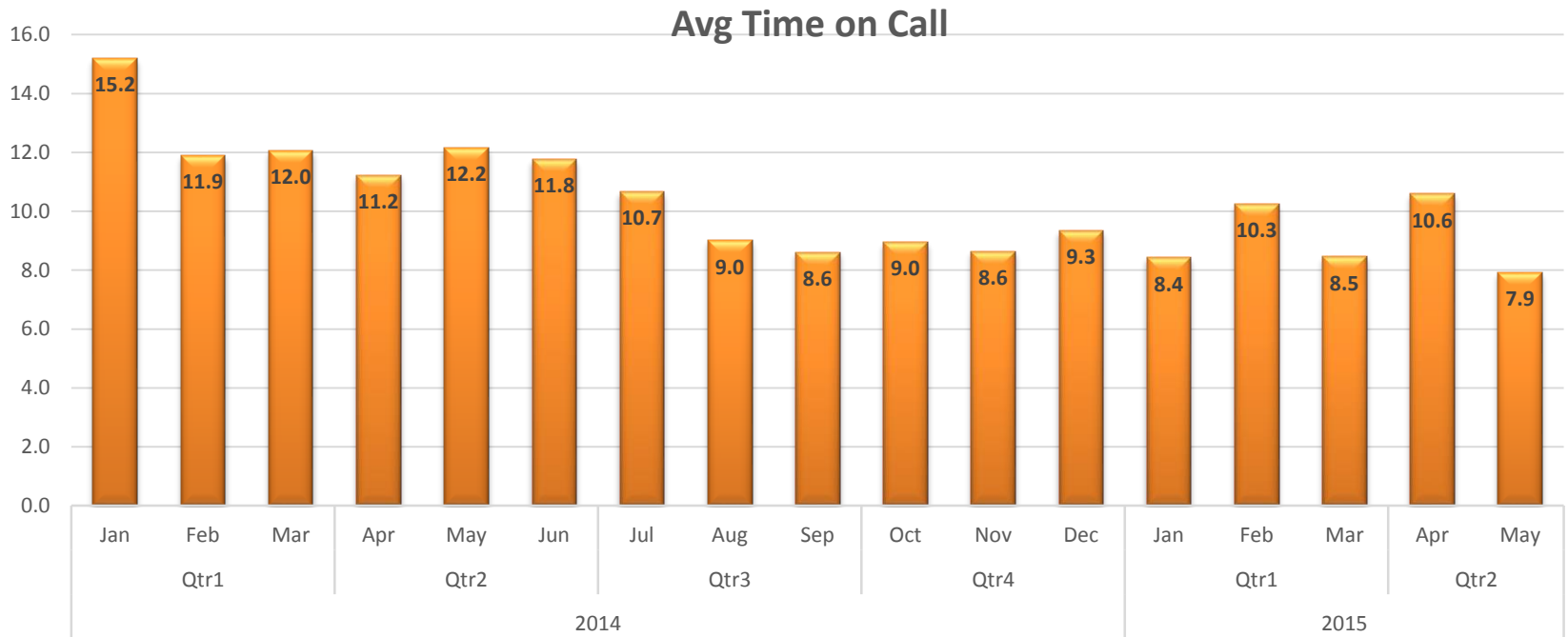


DSB-AVERAGE NUMBER OF CALLERS

Avg # Callers



DSB-AVERAGE TIME ON CALL



DSB-ADVANTAGES

- Increased transparency and collaboration
- Increase awareness about patient, employee and visitor safety
- Opportunity to move our organization toward becoming a High Reliability Organization and foster a just culture

LISTEN IN

- **SSE** = Serious Safety Event
- **Lost time employee injury** = an injury that occurred on the job requiring time off work
- **PIC** = Physician In Charge
- **ASC** = Ambulatory Surgery Center
- **“Brains”, “Channels and Modules”** – IV pump parts
- **CDU**=Clinical Decision Unit = short stay ED
- **DME**= Durable Medical Equipment
- **CRE** = Carbapenem resistant Enterobacter
- **MIV** = MetroHealth Information Village (Hospital Intranet)

Questions?

