



# Cleveland Clinic Tiered Huddles Putting Patients and Caregivers First

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**Cleveland Clinic**

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# Cleveland Clinic

- Physician Led Academic Medical Center
- #2 Ranked in US News
- 52,000 Caregivers
- >4500 Beds
- 52,000 Caregivers
- 7.6M Outpatient Visits





A culture in which *every* caregiver is capable, empowered and expected to make improvements *every* day

<b>ORGANIZATIONAL ALIGNMENT</b> Identify and communicate what matters most.	<b>VISUAL MANAGEMENT</b> Manage what matters most.	<b>PROBLEM SOLVING</b> Improve what matters most.	<b>STANDARDIZATION</b> Sustain what matters most.
<p><b>SENIOR LEADERS</b></p> <ul style="list-style-type: none"> <li>› Set strategy, aligned with our enterprise goals.</li> <li>› Share a common, clear and consistent vision of your area’s purpose and future.</li> <li>› Build alignment. Discuss what matters most with patients and caregivers.</li> </ul> <p><b>MANAGERS</b></p> <ul style="list-style-type: none"> <li>› Translate leadership’s vision. Establish metrics and objectives for team’s success.</li> <li>› Align daily work to enterprise goals.</li> <li>› Ensure alignment. Ask patients, senior leaders and team members what matters most.</li> </ul> <p><b>FRONTLINE CAREGIVERS</b></p> <ul style="list-style-type: none"> <li>› Connect your work to local and enterprise goals.</li> <li>› Understand how your work impacts patients and others you work with.</li> <li>› Identify your process measures that support Cleveland Clinic’s goals.</li> </ul>	<p><b>SENIOR LEADERS</b></p> <ul style="list-style-type: none"> <li>› Visit with patients and caregivers to see, hear and confirm what matters most.</li> <li>› Reinforce what matters most and the desired behaviors that support our culture.</li> <li>› Recognize positive outcomes and remove obstacles.</li> </ul> <p><b>MANAGERS</b></p> <ul style="list-style-type: none"> <li>› Post and review drive and watch metrics with your team.</li> <li>› Foster team participation in the process.</li> <li>› Ensure the process drives improvement.</li> </ul> <p><b>FRONTLINE CAREGIVERS</b></p> <ul style="list-style-type: none"> <li>› Huddle often.</li> <li>› Track progress and post for all to see. Learn from the metrics and improve your work.</li> <li>› Communicate as a team.</li> </ul>	<p><b>SENIOR LEADERS</b></p> <ul style="list-style-type: none"> <li>› Help build team problem-solving skills. Provide time to improve work.</li> <li>› Provide focus on the problems that matter most.</li> <li>› Create a safe environment for caregivers to share information in support of high reliability processes.</li> </ul> <p><b>MANAGERS</b></p> <ul style="list-style-type: none"> <li>› Promote teamwork.</li> <li>› Discuss problems and errors openly with empathy to enable learning. Share improvements..</li> <li>› Ask questions that help the team discover root causes. Encourage experiments.</li> </ul> <p><b>FRONTLINE CAREGIVERS</b></p> <ul style="list-style-type: none"> <li>› Identify and discuss activities that don’t add value or could go wrong.</li> <li>› Use team problem-solving process to eliminate waste and drive improvement.</li> <li>› Innovate through small and large changes.</li> </ul>	<p><b>SENIOR LEADERS</b></p> <ul style="list-style-type: none"> <li>› Embed standard principles and desired behaviors in your area.</li> <li>› Understand current standards prior to creating new standards.</li> <li>› Make improvement part of the everyday work for everyone.</li> </ul> <p><b>MANAGERS</b></p> <ul style="list-style-type: none"> <li>› Confirm standard processes are maintained.</li> <li>› Make standards visible. Recognize and address deviations right away.</li> <li>› Learn from and adjust to deviations from standards when appropriate.</li> </ul> <p><b>FRONTLINE CAREGIVERS</b></p> <ul style="list-style-type: none"> <li>› Identify and document the current, one best way to do a job.</li> <li>› Share, follow and improve standards through the PDCA process.</li> <li>› Discover a new way? Adopt a new standard.</li> </ul>
<p><b>TOOLS</b></p> <ul style="list-style-type: none"> <li>› Leverage our enterprise mission and goals to guide your work.</li> <li>› Use the <b>Strategic Agenda Management (SAM)</b> and performance management tools at the ONE HR Portal.</li> <li>› Identify drive metrics.</li> </ul>	<p><b>TOOLS</b></p> <ul style="list-style-type: none"> <li>› A step-by-step video tutorial is available at <b>Visual Management Tutorial</b>.</li> <li>› Create and maintain a world-class environment free of waste.</li> <li>› Use the <b>tiered huddles</b> to identify, improve and share issues.</li> </ul>	<p><b>TOOLS</b></p> <ul style="list-style-type: none"> <li>› Follow the Plan-Do-Check-Adjust (PDCA) process.</li> <li>› Use <b>Kaizen cards and boards</b> to share and prioritize problems.</li> <li>› Solve problems using <b>Just Do It (JDI), Root Cause, or Complex (A3) approaches</b>.</li> </ul>	<p><b>TOOLS</b></p> <ul style="list-style-type: none"> <li>› Establish standard work. Follow regulations, standards and policies that apply.</li> <li>› Use the online <b>5S tutorials</b>.</li> <li>› Use the <b>5 Improvement Questions</b>: improve caregiver and patient experience.</li> </ul>

**Every caregiver capable, empowered and expected to make improvements, every day.**

Intranet [portals.ccf.org/improve](https://portals.ccf.org/improve) | E-mail [improve@ccf.org](mailto:improve@ccf.org) | Internet [ccf.org/improve](https://ccf.org/improve) | Twitter [#theccim](https://twitter.com/theccim)



# What we like to talk about

- Strategy Deployment
- A3 Problem Solving
- Results

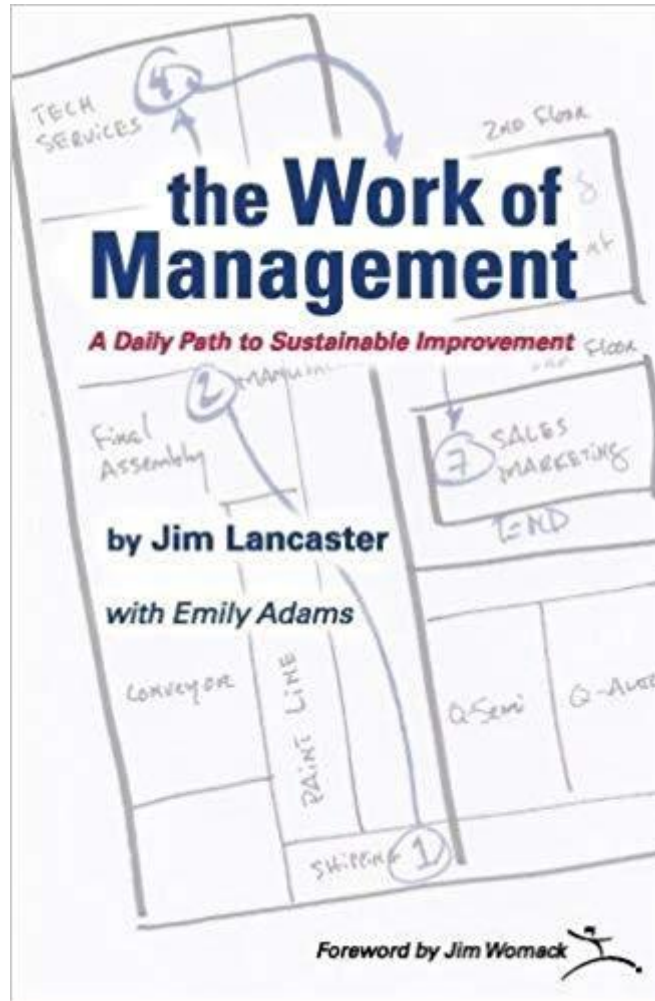














## VISUAL MANAGEMENT

Manage what matters most.

### SENIOR LEADERS

- › Visit with patients and caregivers to see, hear and confirm what matters most.
- › Reinforce what matters most and the desired behaviors that support our culture.
- › Recognize positive outcomes and remove obstacles.

### MANAGERS

- › Post and review drive and watch metrics with your team.
- › Foster team participation in the process.
- › Ensure the process drives improvement.

### FRONTLINE CAREGIVERS

- › Huddle often.
- › Track progress and post for all to see. Learn from the metrics and improve your work.
- › Communicate as a team.

### TOOLS

- › A step-by-step video tutorial is available at [Visual Management Tutorial](#).
- › Create and maintain a world-class environment free of waste.
- › Use the [tired huddles](#) to identify, improve and share issues.





# Tiered Huddles Purpose

- Clear, consistent, efficient method to support caregivers with daily challenges
- Equip leaders to identify issues and support resolution



# Typical Tiered Huddle Structure

Focus	Tier	Nursing	Operations
Hospital	I	Caregivers and managers	Caregivers and managers/supervisors
	II	Managers and Directors	Managers and Directors
	III	Directors and ACNO/CNO	Directors and COO
	IV	President, COO, ACNO/CNO	
Enterprise	V	Hospital System Presidents, COOs, CNOs and ECNO	
	VI	CEO and Operations Council	



# Typical Timing

<b>7am</b>	1	Caregivers and managers
<b>8am</b>	2	Managers and Director
<b>9:15am</b>	3	Directors and Hospital Leaders
<b>9:45am</b>	4	Hospital Leadership Team
<b>10:15am</b>	5	Hospital Leaders and Enterprise Clinical Leaders
<b>11am</b>	6	CEO and Operations Council



# What makes a huddle run?

- Standard Agenda
- Standard Tools
- Standard Behaviors





7-13-18

Central Clinic Nursing Institute  
 Tr 3 Shuttle | 830am

	ICU	Med/Surg	OR	Telemetry	Psych/Behavior	Med/Surg	Respiratory	Neuro/ON	Imaging	ED	Periop	Total
ICU	-	-	-	-	-	-	-	-	-	-	-	2
Med/Surg	-	35	01	-	-	-	-	-	-	-	-	
OR	-	-	-	-	-	-	-	-	-	-	-	
Telemetry	-	-	-	-	-	-	-	-	-	-	-	
Psych/Behavior	-	-	-	-	-	-	-	-	-	-	-	
Med/Surg	-	-	-	-	-	-	-	-	-	-	-	3
Respiratory	-	-	-	-	-	-	-	-	-	-	-	
Neuro/ON	-	-	-	-	-	-	-	-	-	-	-	
Imaging	-	-	-	-	-	-	-	-	-	-	-	
ED	-	-	-	-	-	-	-	-	-	-	-	
Periop	-	-	-	-	-	-	-	-	-	-	-	
Total												1/2

Set Bed Location

Triple Bed Location

ED Holds -4 hours Need MS Bed

ED Holds -4 hours Need IP ICU Bed

ED Holds -4 hours Need IP SD Bed

Total Occupancy % 96%

ICU Occupancy % 96%

ICU Beds +/- +8

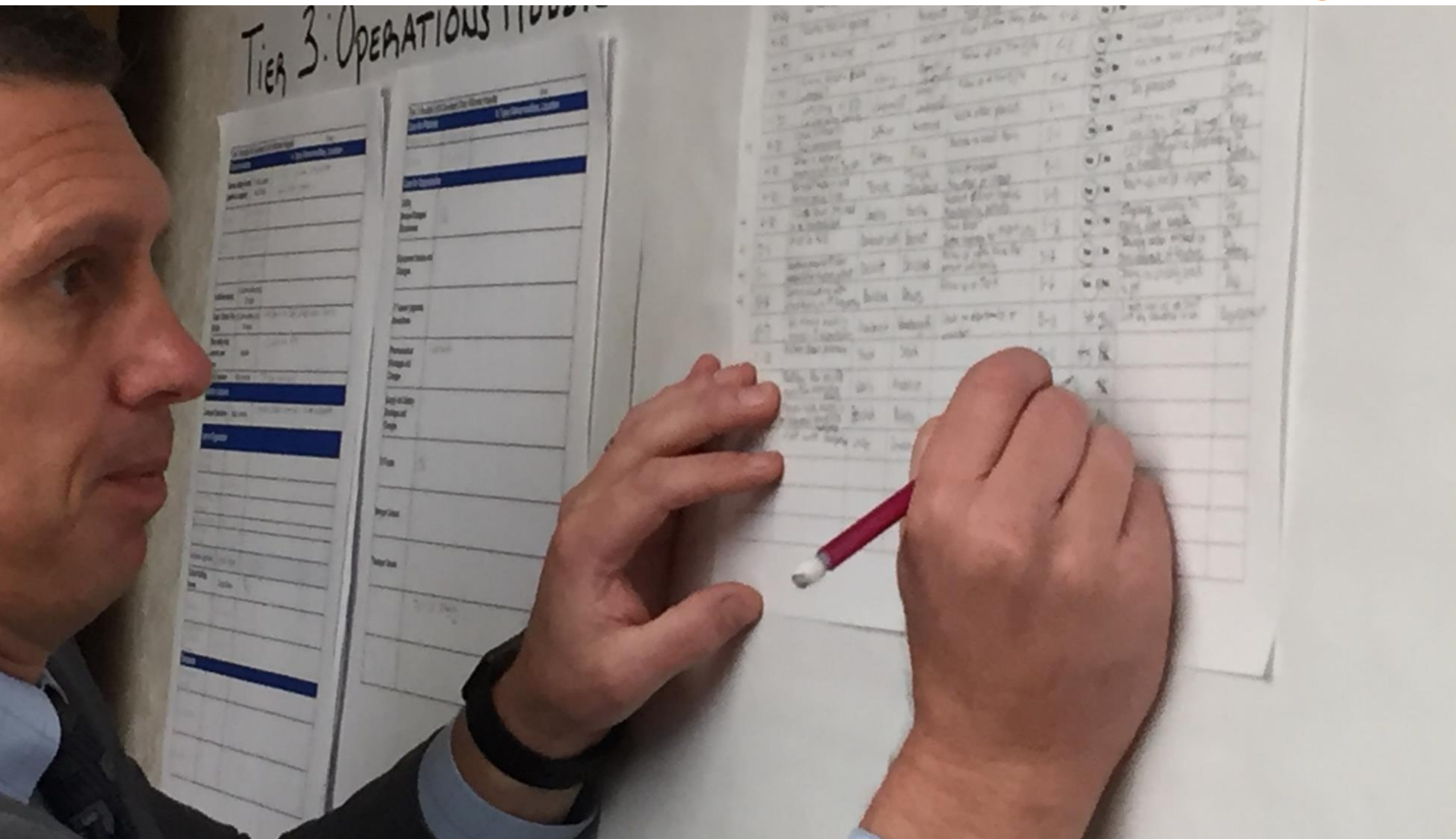
RNF Occupancy % 96%

RNF Beds +/- -32

HT Pending 3B

MICU Boarders 8

9 MICU  
 15 HT  
 401  
 34







# Investigation of each Fall

- Development of standard questions, facilitates rapid understanding of what lead to each fall
  - Patient assessed at a high fall risk? (Y/N)
    - If no – was this the appropriate assessment
  - Fall assisted? (Y/N)
  - Did we follow the PT recommendation? (Y/N)
  - Physiologic fall? (Y/N)
  - Injury sustained? (Y/N)
  - If high risk, were the following interventions in place
    - Bed Alarm and/or Chair Alarm
    - BR Assistance “within arm’s reach”
    - My Safety Plan complete
    - Hourly Rounding
  - How long to respond to the call light or bed



# Tiered Huddles Lessons Learned

- Team members fill in all fields on huddle board
- Information provided in comparison to standard targets
- No electronic entries – Hand write #s
- Huddle conversation follows standard, repeatable order
- Start on time always and precisely
- Action register required (ensures issue resolution)
- Set expectation for embracing problems
- Issue resolution – 1<sup>st</sup> question “Did we apply our standard?”



# *Daily Knowledge*

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Care for patients

Quality & Safety, Patient experience

Care for caregivers

Caregiver experience

Care for the organization

Volumes, Staffing, Environment

Other: Issues, Announcements

Action items & Follow ups

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# Implementation

12 | Steve and Clint



# Typical Barriers to Tiered Huddles

- Each tier believes they are already aware of the problems below them. They learn quickly that there are problems they weren't aware of.
- Other meetings conflict with huddle times
- People can view this as a report-out rather than an improvement activity





- “Amazing how much more we are aware of what is happening in the hospital” - COO
- “the quantity and quality of what is reported has increased dramatically” - CNO
- “the things we used to complain about repeatedly are now getting fixed that day” - President



# Tiered Huddles Expectations

- Huddles are Geography Based
- Tier IV and Tier V will be led by the Hospital President, COO and CNO on a rotating basis
- Huddles happen every day (Mon-Fri)



# Implementation Lessons Learned

- Start implementation with Tier II structure (inpatient nursing)
- Focus on Tier II – Tier IV
- Be present everyday to coach
- Visit the tier huddle below the tier you are coaching
- Messaging: continually reinforce purpose of huddles
  - Not about reporting upward
  - ID, Illuminate problems, resolve and provide better care for our patients
  - No problems identified is a problem!



# Tiered Huddle Coaching Targets

<b>Tier</b>	<b>Expected Participants</b>	<b>Coaching Targets</b>
<b>I</b>	<b>Front line caregivers and manager</b>	<b>Manager</b>
<b>II</b>	<b>Manager and Director</b>	<b>Director</b>
<b>III</b>	<b>Directors and ACNO/CNO, President and COO</b>	<b>ACNO/CNO, President and COO</b>
<b>IV</b>	<b>ACNO/CNO, President, and COO</b>	<b>ACNO/CNO, President, and COO</b>
<b>V</b>	<b>Hospital system Presidents, COO, ACNO/CNO and ECNO</b>	<b>ECNO and President Main Campus Hospital</b>
<b>VI</b>	<b>CEO and Operations Counsel</b>	<b>CEO</b>







# Rapid Escalation of Systemic Issues

- Problems were quickly discovered to be larger than an issue on a single unit and were escalated for resolution
  - Tap N Go access
  - Presence of oxygen regulators in each patient room
  - Policy issues:
    - Drug Testing turn around time
    - BBPE for students, guests



# Followup Appt Confusion

- 6am?

Appointment Information  
 MRN: [REDACTED]  
 Date: 7/30/2018  
 Visit Type: I/O SURGERY  
 Provider: [REDACTED]  
 Length: 20  
 Referral #:  
 Notes: Left Cervical Facet C3,4,5  
 -Dm,-Thin

Appt Time: 6:00 AM  
 Status: Sch  
 Department: AV PROCEDURE  
 Copay: \$20.00  
 Referral Status:

- Actual

Appointment Instructions  
 Visit Type: I/O SURGERY  
 Patient Instructions: ARRIVAL TIME: You will receive a call the DAY BEFORE your procedure as to when to arrive. The time showing on any printed reminder/mychart message is a place holder only, and not the actual time you should arrive. The time is determined the day before by the OR. Follow prep instructions given by your provider, or you may call 440-695-4000 and ask for the providers office with any questions regarding your procedure.  
 Directions: 2nd floor Avon Hospital Surgery Center  
 33100 Cleveland Clinic Blvd.  
 Enter through the Richard E Jacobs Health Center entrance and proceed to the 2nd floor Desk AVW 2-3- located directly across from the elevators.

Dept directions for AV PROCEDURE:  
 AV Procedure is located on the 2nd floor of Cleveland Clinic Avon Hospital, 33100 Cleveland Clinic Blvd. Avon, OH 44011.  
 Please enter the Richard E Jacobs building located at 33100 Cleveland Clinic Blvd, Avon Oh 44011  
 go through the revolving door and take elevators to the 2nd floor.  
 The Surgical Services Check In Desk is on the 2nd floor, AVW-2-3, and is directly across from the elevators.





# Ambulatory Next Steps

- Learn through experiments
  - Strongsville / Brunswick FHC
  - NI, RI, TCI
- Continue with Geography based
- Learn about standard measures



# Quotes

- Nurse Manager: "Prior to tiered huddles, I received 100+ emails daily. Today, from 6am - 9pm, I receive 25-30 max. I cannot tell you how much this decreases stress and pangs of unneeded urgency, plus frees me up to be more visible."
- COO "this went from something we have to do to something we want to do."



# Thank You!

*Your opinion is important to us!*

**Please take a moment to complete the survey using the conference mobile app.**

**Session No: ThS/49**

**Cleveland Clinic Tiered Huddles,  
Putting Patients and Caregivers First**

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