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Safety Huddles: A Safety Net for Nurses Amid the COVID-19 Pandemic

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In March 2020, our 31-bed geriatric medical unit was designated the first COVID-19 unit in a teaching hospital located in a COVID hot zone of New York City. At the time, very little was known about SARS-CoV-2 and the disease it caused. One thing we did know was that the virus was extremely virulent and had already claimed many lives in Asia. The mode of transmission was thought to be primarily through droplets or airborne, although direct contact had not been ruled out. It was evident that the situation would have to be handled expediently, thoroughly, and very gently. The unit leader and nursing staff were notified of our unit’s COVID-19 designation only one week before receiving the first COVID-19 patients. Fear was beginning to overtake the team. We needed to find a way to keep them calm, assure their safety, and provide competent and compassionate patient care in a situation where best practices had not yet been established. As the pandemic swirled around us, team huddles quickly became instrumental to the team’s well-being. The huddles we routinely convened to discuss unit safety concerns, were repurposed to provide a forum for nursing leadership to support and guide the staff and for the team to share their experiences and concerns.

**Safety Huddles**
The safety huddle is an element of the Agency for Healthcare Research and Quality TeamSTEPPS teamwork system to improve collaboration and communication relating to patient safety. A situational-awareness communication strategy to promote patient safety. The safety huddles bring attention to patient-specific daily goals, safety concerns, barriers to discharge, and offer staff a chance to discuss specific operational issues. Safety huddles, used widely in inpatient care with this patient-centric focus, are known to improve staff efficiency and collaboration as well. The Di Vincenzo article explains that safety huddles places an added focus on facilitating teamwork, collaboration, and provide a sense of empowerment. Team members from all disciplines can join with nurses and share information from their unique perspectives and propose improvements to care.

**Safety Net**

The daily unit safety huddle was amended during the COVID-19 surge to promote staff wellness. Fifteen-minute safety huddles were convened at the beginning of each 12-hour shift to provide information and emotional support. Each team member was given time to share their thoughts, feelings, and particular challenges they faced. Privacy-sensitive daily updates on the status of colleagues who were on leave due to COVID-19 reduced anxiety and calmed fears. Whenever available, the latest guidance from the Centers for Disease Control and Prevention and the New York Department of Health was shared. Hospital leadership joined the huddles to share organizational updates, with specific guidance for infection control provided by the hospital’s Infection Control department.

**Staff Needs**

Our staff shone in caring for others as we put COVID-19 practices into place, but it was hard for them to practice self-care. Taking a normal lunch or work break or leaving work on time
had become next to impossible. The staff was doing their best to care for extremely ill COVID-19 patients and needed an outlet for their own fear, pain, and caregiver fatigue. As Carmassi and colleagues have noted, healthcare workers’ risk for PTSD has increased as the state of emergency created by COVID-19 wears on. One in six healthcare workers working during times of crisis develops major stress symptoms. Our nursing staff faced the known risks for COVID-induced PTSD in healthcare workers: caring for an onslaught of critically ill patients with high mortality rates, reacting to the unpredictable course of the disease, operating without established treatment guidelines, and contracting the disease themselves. Mental health issues and psychological distress among healthcare workers brought on by the COVID-19 pandemic was already trending in the professional literature. Our staff was experiencing these first-hand. The repurposed huddles added resilience factors by providing support, and coping strategies for the staff.

**From Safety Huddle to Safety Net**

As the COVID-19 pandemic peaked in New York, staff anxiety and exhaustion manifested as exasperation. Labeled essential workers, each staff member had to make a daily choice between keeping their loved ones safe at home or caring for their patients at work. Many of the nursing staff expressed they were determined not to miss work because their colleagues would be left unsupported and the patients wouldn’t get the necessary care. As there was no time for staff to participate in the hospital’s telehealth counseling, employee assistance programs, and chaplaincy services, we decided to bring therapy to the staff through the huddle. Each staff member was invited to share their feelings and fears—fears of the unknown, fears of becoming infected themselves, and fears about transmitting the virus to their loved ones. The staff was asked to speak about whatever was on their minds, but at the end of the huddle, the staff all took
turns sharing affirmations or a recent positive event. The rounds of affirmation helped the staff to leave the huddle remembering that in a time of crisis, we have the strength and resiliency to focus our energy on caring for each other and our patients.

1:1 Huddles

Some nurses were not comfortable speaking in a group setting, so 1:1 huddles were set up. The huddles with the unit nurse leader were encouraged and were scheduled once a week for each staff member. Recognizing that each individual cope differently, the topic of discussion was up to the individual. Some staff spoke of personal situations at home, others of work-related issues. With so many things out of their direct control, and so much pent-up fear and anxiety, some staff found relief simply in an opportunity to share their concerns. (Insert Table.1 Here)

The Compassion Component

A healthy psychological state is dependent on the ability to experience compassion and self-compassion. The safety huddle in its new iteration delivered a strong message to the staff about the importance of their well-being and the need for self-care. As demands and fears swirled around them, team members were able to clearly see their value and were shown daily that others cared about their safety and well-being. In times of duress, people who experience compassion at work show lower levels of anxiety, a greater commitment to the organization, and better overall resilience under stress.

Conclusions

Staff well-being is essential to any organization. During a national public health emergency, healthcare organizations need to ensure the safety and well-being of the people providing patient care. In such times, the traditional safety huddle can be re-envisioned as a forum for staff self-care. The concepts from this article can be applied to provide support staff in
any crisis. Providing a safety net for staff enables a focus on life-saving patient care without sacrificing the well-being of those who deliver it.

Table 1. Staff Crisis Support Toolkit
Techniques to provide support for staff during times of crisis

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https://www.ahrq.gov/teamstepps/index.html


doi: 10.1097/01.NURSE.0000520522.84449.0e