



# The "Daily Check In" Safety Call

## Organizational Mindfulness for Patient Safety and High Reliability

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### AIM

The "Daily Check In" is a leadership behavior for reliability that enables our organization to increase our mindfulness of Patient Safety, our core value. Each day, operational leadership becomes "sensitive to operations" via a deliberate, intentional, purposed report and conversation among 50 key departments regarding events of harm and potential safety risks or rework that has occurred in the past 24 hours. The reporters then anticipate / mitigate potential threats to safe operations in the next 24 hours. The Senior Leader Administrator on Call (AOC) runs the call and "finds and fixes" issues of greatest importance as a priority of their day.

### Design for Reliability / Strategy for Implementation

- Daily Call held at 9:30A, led by the AOC.
- All Leaders (564) received education and practiced their roles in reporting on the daily call.
- Simulated practice and real time feedback provided on issues reported and not reported.
- AOC is accountable to "find and fix" immediate threats to safe operations and establish these issues as a priority for their day.
- All reporters identify similar threats on their units and coordinate action plans.
- Scripted roll call order ensures efficient and effective report out.
- Standardized introductions/call closures promote efficient roll call process.
- Leadership expectation that all departments be represented daily.



Reporters on Daily Check In



AOC Leading Daily Check In

Unit name	Name
Unit representative	Name (manager or designee)
Blank Points Today	
Safety Concerns	I have no new safety concerns or My new safety concern is
Look Ahead	
Events of the last 24 hours	Silence or I have had # of event reports over the last 24 hours
Unusual anticipated procedures/activities	Silence or
Staffing concerns	Silence or
Supply issues	Silence or
Workforce safety issues	Silence or
Shepherded patients/Safe Passage patients	Silence or
Number of patients on behavioral restraints	Silence or Number of patients on behavioral restraints
Number of patients on 1:1/Safety Sitters	Silence or Number of patients on 1:1/Safety Sitters
Look back	
Days since last fall	Silence or Days since last fall
Major safety events last 24 hours	Silence or 30 second summary of event
Major patient satisfaction issues	Silence or One line summary of event
Great saves and good catches	Silence or One line summary of event
<b>That is the end of my report</b>	

Standardized Daily Check In Report Focus

### Team

Maureen Ann Frye, MSN, CS, CRNP; Director, Center for Patient Safety and Healthcare Quality  
 Laurence Merlis, CEO; Executive Sponsor  
 John J. Kelly, MD, Chief Medical Officer / Chief Patient Safety Officer  
 The "Transformer Team" - a 36 member, multidisciplinary steering /embedding team

Census	Abington Memorial Hospital Daily Check In: 9:30AM	Days since Last SSE:
Observation	For Roll Call Participants	AOC:
SPU	Call 1-555-555-5555 Participant Passcode: 55555555H	

Reminder: Place your phones on mute by pressing \*6. Release mute at least 3 callers before your report. SPEAK LOUDLY and within 1 feet of the microphone/speaker so that you can be heard. Do not disclose any patient or provider identifiers in your report unless you are recognizing a good catch/great save\*.

Complete *Situation Tracker* before entering the call.

Roll Call Reporting Order	
1. Patient Flow Center	31. Radiology- IR, CT, MRI, US-all AMH sites
2. ETC	32. Rehab Medicine-PT/OT-all AMH sites
3. 2WE – Heart Failure Unit	33. Laboratory-all services/all AMH sites
4. 2WW – Oncology Unit	34. Pharmacy
5. 3WE – Orthopedic Unit	35. HIS
6. 3B/Elkins – Psychiatry Unit	36. Communications
7. 3WW- Neuro Unit	37. BioMedical Engineering
8. 4WE	38. Security/Emergency Management
9. 1W-PCU	39. Respiratory
10. 4WW	40. Case Management
11. Special Care Nursery	41. Nutrition Services
12. 1H - Pediatrics	42. Medical Staff / Chief of Staff Office
13. 2H/4LE&W- Mother / Baby	43. ASU / Abington Health Physicians
14. 3BUeurger - Observation	44. Home Care / Hospice
15. 4BUeurger	45. Plant Operations
16. 5BUeurger	46. SPD
17. 6BUeurger	47. Medical Oncology
18. 7BUeurger	48. Radiation Oncology
19. 1WW	49. Employee Student Health Services
20. 2Lenfest E/W	50. Patient Access
21. Perioperative Division (OR, PAT, PACU, CSR, SPS, SDS)	51. Patient Advocacy
22. 3Lenfest-MICU	52. Center for Patient Safety/ HC Quality
23. 4Toll/Lenfest Labor/Delivery, MOMU	53. Late Reporters and Ad Hoc Reporters:
24. 5Lenfest E/W	- CIS, Finance, DSON, NHCC, Human Resources
25. CCU/ CSU	- Diversity, Warminster Campus, and others
26. Cardiology (Echo, CCL, Stress)	
27. STU / Neuro ICU	
28. Epidemiology	
29. Patient Transport Services / Laundry	
30. Environmental Services	

\*Good Catch/Great Saves should be sent via email to [amh-csq@amh.org](mailto:amh-csq@amh.org) with a narrative describing the save/catch and the person to be recognized.

Recent Improvement to our Roll Call Reporting Structure

### Results to date

Since August 1, 2011 inaugural call:

Average Call Time: 9 min 45 seconds

Ave. Number of Reporters: 49/50

Ave # of Significant Issues/call: 11



### Lessons Learned / Improvements In Progress

1. Set Leadership Expectation that focuses on High Reliability for early detection/mitigation of risk and harm.
2. Educate and build leader competence in assessing the risks for safe operations each day.
3. Build accountability to the desired expectations and provide feedback.
4. Track the significant issues through to resolution.
5. Monitor drifts in behavioral compliance and re-educate/re-direct while holding accountability.
6. Periodic improvement to promote robust learning while maintaining call efficiency.