

HEADS-UP: a novel intervention to improve clinical outcomes with daily, team-based risk recognition

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Aims

To evaluate the impact of a structured, daily team briefing on medical wards, capturing adverse events observed by staff but not typically recorded through traditional incident reporting schemes.

Methods

Utilising published literature on the nature of common unintended events in medical departments, and expert clinician input, we designed a prompt-led team briefing (HEADS-UP). HEADS-UP enables multidisciplinary teams to discuss, record and address their concerns from the preceding working day. After a brief period with supervised use of the tool, clinicians were encouraged to incorporate HEADS-UP into their normal ward practice. Summaries of HEADS-UP records were escalated to the senior clinicians and managers with responsibility for the issues identified. Over a 6-week pilot period, HEADS-UP was introduced to a single ward in a district general hospital to establish its feasibility for wider use. It was subsequently introduced to other general medical areas in the same institution in a stepwise manner.

Results

HEADS-UP takes between 5 and 8 minutes to complete, and is typically led by the most junior members of the multidisciplinary team (F1 or F2 doctors, on 76% of occasions). After the pilot phase, clinicians continued to use HEADS-UP – unsupervised – on 87% of working days over a 6-month period. HEADS-UP analysis identified a spectrum of concerns relating to communication, equipment management and support service provision. None of these were consistently recorded through the hospital's pre-existing incident reporting scheme. However, the pre-existing reporting scheme remained important for identification of specific incident categories, such as patient falls and pressure ulcers, which were not well recorded with HEADS-UP. The relevance and utility of HEADS-UP reports were confirmed through audit and corroboration with the departments involved. Within 6 months of roll-out, HEADS-UP has prompted £25,000 of internal investment to address identified problems.

Conclusions

Daily, team-based multidisciplinary engagement in risk recognition and adverse event recording is feasible in routine clinical practice. It particularly identifies the concerns that existing incident reporting schemes fail to capture, and translates those concerns into tangible service investment. HEADS-UP complements other schemes for incident reporting, rather than supplanting them, a finding in keeping with published evidence that multiple methods are needed to detect problems and potentially adverse events. Further work is required to assess the effect of the HEADS-UP briefing on safety and teamwork climates, and on patient outcomes.

Conflict of interest statement

One author provides consultancy services for team training and assessment. ■

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