

Huddle up!

After coming into work every day and hearing my nurses consistently saying that it was too busy, I started wondering what could be done to help relieve some of their pressure. I'm the nurse manager of a medical-surgical neurologic teaching unit, and "busy" appears to be a middle name here. In my pursuit for evidence-based practices to improve the nurses' environment, I came across the article "Meeting of the Minds" from the August 2008 issue of *Nursing Management*, which dealt with the concern of nurses feeling overwhelmed and unsupported at work. The article offered a simple solution to both reduce stress and promote teamwork—the huddle.

A huddle is a 5- to 10-minute briefing run by the charge nurse in which the nurses work together to discuss each patient's condition, assess each nurse's workload, and make adjustments as needed to ensure that every nurse's assignment is manageable and patient care isn't compromised. What a great concept! This is an effective way of sharing what each team member, including the charge nurse, will be involved with during the shift. Huddling can bring a sense of camaraderie and teamwork to the floor to benefit not only the nursing team but the patients as well.

Huddles on our floor will be started by the charge nurse. They can be done as many times a day as needed. I would advise huddles be performed at least once a shift and immediately after a rapid response or code. Huddles will involve both the nurses and nurse aides. I recommend that the charge nurse follow the guidelines for the nurse huddle report from the aforementioned article. A huddle is a great way for each team to brainstorm, and as the process unfolds, staff members become aware of what's occurring in the department and with each team member. A huddle also allows staff members to offer help to their colleagues as needed. Developing a team approach to reducing stress through care collaboration will effectively and efficiently enhance the patient experience.

A nurse's shift can quickly become overwhelming, and it's sometimes difficult to see past the challenges, let alone work through them. But by simply coming together, the shift can seem more manageable.

Kathy Avino, MSN-Ed, RN, CNML
Nurse Manager
Sisters of Charity Hospital
Buffalo, N.Y.

A call to action

Thank you for publicizing the important issue of injuries associated with sharps contained in prepackaged medical procedure trays. Since 2001, the Massachusetts Department of Public Health (MDPH) has conducted surveillance on sharps injuries occurring in all MDPH-licensed hospitals in Massachusetts. Starting in 2006, we began asking if the device involved in the sharps injury was part of a prepackaged kit. (In our surveillance we use the term "kit" to describe this type of unit tray of medical devices and supplies for conducting a particular medical procedure). The data show a clear pattern of injuries associated with kits. From 2006 to 2009, *one out of every five* reported sharps injuries occurred with a sharps device contained in a kit.

The OSHA Bloodborne Pathogen Standard requires that employers use appropriate, commercially available, effective, safer medical devices designed to eliminate or minimize occupational exposure. We recognize that a limited number of medical procedures preclude the use of medical devices with engineered sharps injury protection features. In those cases, work practice or other controls are necessary. However, many, if not most, of the sharps devices typically contained in kits have appropriate, commercially available alternatives that eliminate or minimize occupational exposure, including hypodermic needles and syringes, scalpels, winged steel needles, I.V. stylets, and vacuum tube collection sets. Yet the surveillance data show that for kits, 22% of the injuries from devices with safer alternatives available involved devices *lacking* the required engineered injury protection features.

This clearly represents an opportunity and obligation for action. We encourage the medical community, device manufacturers, kit packers, group purchasing organizations, and distributors to carefully review and improve the safety of procedure kits/trays to conform with the OSHA Bloodborne Pathogen Standard and to prevent needless injuries. **NM**

Angela K. Laramie, MPH
Massachusetts Sharps Injury Surveillance System
Massachusetts Department of Public Health

Catherine J. Galligan, MS
Project Manager, Sustainable Hospitals Program
Member, Massachusetts Sharps Injury Prevention
Advisory Committee
Sharps Injury Surveillance and Prevention

DOI-10.1097/01.NUMA.0000399809.44822.9e