# Huddle Up - Streamlining Laboratory Communication During the COVID-19 Pandemic

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**Julie McDowell:**

In a laboratory setting with fast paced changes and heavy demands on staff, day-to-day communication across departments is challenging. Get paramount to resource sharing in real-time problem solving. During the COVID-19 pandemic laboratories must have efficient communication amongst their staff and across their enterprise. To improve communication across departments, the laboratory at Seattle Children's Hospital has been using daily huddles for several years now, explains Dr. Joe Rutledge in this CAPcast. Until his recent retirement, Dr. Rutledge was a pediatric pathologist at Seattle Children's Hospital. Dr. Rutledge, let's start with an explanation from you about what is a huddle.

**Dr. Joe Rutledge:**

So the easiest way to think about a huddle is what you see on a football game when all the players come over to the sideline, they stand in a little huddle, the coach is in the center and we don't know what transpires inside that huddle, but everybody comes out informed, hopefully all on the same page and ready to go out and play in the ballgame. So if you can think of a group of laboratorians working just like that, that once a day come together for about 10 minutes in a standup huddle, one person from each section and they report in a very structured way what's happening and what's going to happen, that's a huddle. And within that context, you can layer on a variety of different types of communications that can be applied when the necessity is there for it.

**Julie McDowell:**

Now, when did Seattle Children's Hospital start using huddle and how did you use them?

**Dr. Joe Rutledge:**

We started over 10 years ago growing out of our Toyota Production System work. We saw it in Japan and we instituted it very quickly when we got back because it made sense to us. It was integrated very early on with huddles from the hospital as well. So in our system, each section has a huddle, five minutes, maybe 10 minutes at the most, and then one representative from that section attends the hospital huddle. It used to be 15 minutes. We're down between probably six and eight minutes now through efficiencies. And we also integrate that huddle with a larger hospital huddle. We can take our issues to the hospital, we can take hospital issues back into the laboratory. It all happens very quickly in a very structured fashion and saves all kinds of meeting time and emails that are chasing people around the hospital.

So that's what we did. We've refined it quite a bit in that time and structured it maybe a little bit more so that we review the last 24 to 48 hours and any non-conforming events that have happened. And then we more importantly check into what's going to happen in the next 24 hours that could interrupt laboratory services so we can stay ahead of any adverse impacts on the laboratory. We've layered on top of that once a week data reporting. So on each different day we report a different set of data. So Monday, each section reports corrected reports. On Tuesday, it's overtime. On Wednesday, it's a turnaround time parameter from that section. And I might mention the sections are not just the analytics section, but administrative sections as well, so everyone's there at the huddle. If anything is a big problem, there is a separate short meeting after the huddle just to involve those people to solve that problem. So everyone's not standing around. It's very quick.

**Julie McDowell:**

So specifically, how did huddles help your laboratory during the early days of the COVID-19 pandemic?

**Dr. Joe Rutledge:**

I think we would have gone to the intensive care unit and died quickly had we not had the huddles. We were able to just on the same operation that was in place, we were able to communicate everything we needed to communicate about COVID issues. So we quickly could assess the PPE, our collection media and devices, as well as where we were sending testing, what was happening with our own test development, what the supply chain was going to be, as well as what was happening to other patients in the hospital. Because being a pediatric institution, we had very few infected patients. We had a much bigger role as a standby institution for any overflow that might come with young adults from other institutions.

So and our huddle continued to report to the hospital safety huddle. The hospital institute is a separate COVID huddle running out of our emergency operations center. So we had a separate huddle with that group. And early on the decision was made to use the EOC as our total communication device around the virus. So laboratory did not have to communicate anything directly from the lab to the clinical units and staff, but rather everything came from the EOC. So it was coordinated with laboratory capabilities and hospital policies, and while it changed each day, everyone got one message from an authoritative source, so you didn't have mixed messages. It was really pretty incredible to be able to have that system in place to then use it in really a disaster planning.

**Julie McDowell:**

Now, did your huddles change or evolve as more was learned about the virus?

**Dr. Joe Rutledge:**

They did change a little bit. So first of all, we kept going with all of the routine work that that huddle did. So that was pretty important not to lose our attention to routine because we're taking care of patients still and we had to deal with all of those issues in the midst of the virus. But at the end of the huddle, we address the virus specifically both from the EOC and from the laboratory. So we've made that a separate topic for the huddle. We quickly moved to having fewer people at the huddle. As I said, we have one person from each section. I think there's probably 15 total sections that are represented, and we decreased the number of people, so we had one person report for three sections, for example.

So we had fewer people and we could have social distancing between the people because normally we're about two feet apart. And by decreasing the people, we were able to get social distancing and then we moved to remote huddles so that everyone called in on Webex regardless of where they were, maybe working from home or down the hall. And that worked really well. We had previously pioneered that using Skype from our remote laboratories. We have three in the Puget Sound area, and they reported in many times on Skype. So we actually knew how to do this, and it was pretty easy just to switch to Webex. And so you saw everybody. Everybody was there. We were able to talk and if other people wanted to listen in, they could do that as well. At the end of the huddle, one of the managers sends out the compilation of what happened in that huddle, the status of each section of the laboratory, and any ongoing watcher problems that we had for full communication to the entire lab. And with that, we appended the COVID communications as well.

**Julie McDowell:**

Finally, Dr. Rutledge, if a laboratory is interested in starting huddles, what advice do you have to get started?

**Dr. Joe Rutledge:**

It's really pretty easy to get started once you have the structure and decide what you want to do in it. It's a matter of getting the right people all on the same page so that you can make it very efficient. So efficiency is the key, start on time, end when it's done, don't hang around and get right to the point. And we make anyone that's going to report at the huddle have to sit in on the huddle for many times so they can see how it works so they know what gets reported up and what doesn't get reported up. So many things can stay just in the section where people are really dealing with the minutiae and only a few things come up to the huddle. And then once you get it started, you have to have a place to meet. You can start to layer on whatever you want to layer on the huddle. That's the nice part of it.

We always do it around a whiteboard, and that whiteboard enables us to put data up. We also put little dots up by each section for each day of the week so we know whether they're green or yellow that is at risk of not fulfilling what they need to fulfill, or red, which means they're really probably not going to fulfill something. And theoretically they already have a plan in place for that. And then we can, if a section's red, we can talk about the communication plans out to the clinical staff. We meet at 9:45, so actually most everything is already in place, our contingency plans for big problems by then, so it makes it really nice.

And then just having one person communicate it back out to the laboratory so that everybody's on the same page, particularly in a time of crisis is really important. This is our total management system, so this replaces almost every other meeting that any other laboratory has. We do not have boring monthly meetings where people can't remember anything. It turns out to be kind of a challenge when we get inspected because other laboratories are looking for minutes from a monthly meeting, so we don't have any minutes. We deal with it today because that's when we have to deal with it. We can't deal with anything a month later, and it takes a lot of conversations for people to understand that.

**Julie McDowell:**

Great. Well, thank you Dr. Rutledge.

**Dr. Joe Rutledge:**

Thank you.

**Julie McDowell:**

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