

What is the difference between a Team “Meeting” and a “Huddle”?

	TEAM MEETINGS	“HUDDLES”
Meeting Frequency	<ul style="list-style-type: none"> ○ <u>Goal</u>: weekly ○ <u>Minimum</u>: biweekly 	<p><u>Goal</u>: before each session (AM & PM)</p> <p><u>Minimum</u>: once a day</p> <p><u>Ideal</u>: In addition, post-session quick huddle for f/u tasks</p>
Amount of Meeting Time	<p>30-60 minutes depending on weekly/ biweekly</p> <p><i>This meeting time should occur during a time when team members CAN ATTEND and coverage for their work is available. Team meetings are part of administrative time for providers.</i></p>	<p>Average 10 minutes or less!</p> <p>* Who’s coming in today: what do they need?</p> <p>* Who was in the hospital/ED and what is the plan for f/u?</p>
Attendees	<p>All assigned members of the Planned Care Team</p> <p>Required participants: Provider, Nurse, Medical Assistant, Medical Receptionist, Planned Care Coordinator, and Complex Care Managers (for high risk case discussions)</p> <p>Support team participants: Clinical Pharmacist, Nutrition, Mental/Behavioral Health, Social Work, Patient Navigators, Community Resource Specialists</p>	<ul style="list-style-type: none"> ● A provider and the MA who are working together to see the patient that day. ● The receptionist joins the team if at all possible to assist with scheduling of appointments. ● The team RN connects with this team either during the huddle or sometime during the day to review the hospital/ED f/us.
Focus of meeting	<p>Planning for care of a <u>panel/population</u> of patients. This includes patients who touch the health care system regularly (during appointments and phone contacts) and those who do not touch the health care system regularly.</p> <p>Includes planning for their:</p> <ul style="list-style-type: none"> ○ Health Maintenance issues ○ Chronic Care issues ○ Social and Resource issues ○ High risk patients 	<p>Planning for care of the patients scheduled <u>to receive care</u> during the session/day by the provider.</p> <p>Includes planning for flow of the session (<i>i.e. provider informs RN that this patient on the schedule will be a quick follow up and an add on can be double booked in this slot</i>)</p> <p>Includes planning for patient’s:</p> <ul style="list-style-type: none"> ○ Health Maintenance issues ○ Chronic Care issues ○ Urgent Care issues (<i>i.e. provider informs MA that this patient will need an EKG, this one a throat culture, etc.</i>)

Huddle Strategies and Checklist



A good huddle can be done in as little as 10 minutes. It does require everyone to show up on time, which means, if your first appointment is at 8:30 am everyone on the patient care team must show up at 8:15 am to begin the huddle. Most teams build their huddle time into their work schedules.

What is needed for a successful huddle?

1. All team members present (typical teams include the provider, MA, and Nurse) added benefit to have other members: team receptionist, pharmacist, nutrition, covering PA/NP, behavioral health
2. Everyone is on time!
3. A place for the team to meet with a couple of computers available for the team to use
4. Intense and purposeful focus. No interruptions! Do not be distracted by phone calls, emails, or other staff.
5. Proximity! A team shouldn't spread out in a room sitting in chairs to huddle. Imagine how sports teams huddle. They get up close, heads together, and speak to each other with focus and energy. Try to mimic this kind of huddle.

Team Huddle Guidelines:

1. Occur twice a day- before each session
2. Be kept to less than 10 minutes
3. Become a daily clinic practice routine

The Goal of Huddles is for everyone to feel calm: It is so much calmer planning for these bumps before they happen rather than dealing with them in the midst of seeing patients, isn't it?

What do you talk about? You discuss the patients that are coming in that day for their appointment and people you may need to worry about:

1. Patients with chronic disease: administering PHQ-9's for depression, Asthma questionnaire/Peak Flow, or removal of shoes and socks for Diabetics
2. Patients who are often late, problematic or have high service needs
3. Canceled appointments
4. Patients who need follow-up from the hospital or ED
5. Team communicates about future/standing immunization, lab, and radiology orders and Provider places those future/standing orders not covered under CHA Standing Order Policies
6. Confirm which patients may need an interpreter for their visit
7. Population Health: those who will need FOBT cards, mammography, pap smear, PSA

What determines "an effective" huddle:

1. Everyone contributes
2. Team anticipates as much as it can
3. Strategies are developed to handle potential problems or scenarios

More strategies for effective huddle and high performing team:

1. Do a quick check in with everyone
 - A. How is everyone feeling today?
 - B. Is anyone leaving early?
 - C. Is anyone out today?
 - D. How can we support each other through the session?
2. Know the status of each team member because everyone is critical to the success of the team.

Team Huddle Assessment Tool:

Purpose: Huddling seems variable by teams within and across the system. We are looking for best practices around huddling. This tool is for use by members of the team in team self-evaluation.

Huddle defined: Discussing the days care

	Every session	Most sessions	Some sessions	rarely
Do you huddle with a provider?				
Do you huddle with a nurse?				
Do you huddle with a medical assistant?				
Do you huddle with a receptionist?				
Do you discuss admitted patients, ER admits, or recently discharged patients with your care team?				
Do you huddle with other clinic staff?				

	always	sometimes	rarely
Do you discuss admitted patients with your care team			
Do you discuss patients recently discharged with your care team			
Do you discuss patients recently discharged from the ED with your care team			

Huddling with the MA is good because:

Could be better if:

Huddling with the RN is good because:

Could be better if:

Huddling with the front desk is good because:

Could be better if:

If a member of your team had information about patients admitted to non CHA hospitals or being discharged from non CHA ED's do you have a system to address the needs of the patient in transition?

Team Huddles: Making a game plan for today

	MA	Provider	RN	Receptionist
Prepare for the huddle.	<ul style="list-style-type: none"> ○ Review schedule of patients for the session, and reasons for visits ○ Review health maintenance needs ○ Review DM/asthma/depression chronic care needs ○ Review open orders ○ Assist in preparation of intake packets 	<ul style="list-style-type: none"> ○ Review specialist and hospitalist communications about patients coming in/in the hospital. ○ Review test results ○ Note if patients with complex/chronic disease need a care plan updated ○ Note any orders/referrals that are outstanding (incomplete) ○ Enter any orders you would like done in advance of rooming as future orders. 	<ul style="list-style-type: none"> ○ Prepare list of team patients discharged from the hospital. ○ Prepare list of team patients in ED since last huddle. ○ Discuss risk and follow up with provider and team in preparation to call later. ○ Identify high risk patients on today's schedule for warm handoff to RN or to complex care manager. ○ Review immunization needs 	<ul style="list-style-type: none"> ○ Note number of available appointments and requests for appointments. ○ Note who needs to be offered MyCHArt and text messaging. ○ Complete preparation of intake packets ○ Note any orders/referrals that are outstanding (incomplete) ○ Note which extended team members are present and availability
Review patients coming in today.	<ul style="list-style-type: none"> ○ Ask for clarification of priorities (How much can we get done today?) ○ Clarify open orders to complete ○ Proactively discuss likely issues with flow, lateness, or high service needs 	<ul style="list-style-type: none"> ○ Suggest extended team members who might assist patients for possible warm handoffs ○ Proactively discuss likely issues with flow, lateness, or high service needs 	<ul style="list-style-type: none"> ○ Suggest extended team members who might assist patients for possible warm handoffs 	<ul style="list-style-type: none"> ○ Plan to assist with scheduling overdue referrals or tests. ○ Proactively discuss likely issues with flow, lateness, or high service needs
Review patients discharged from the hospital or ED		<ul style="list-style-type: none"> ○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up. 	<ul style="list-style-type: none"> ○ Discuss when to see patients who have been in the ED or inpatient unit for follow-up. 	<ul style="list-style-type: none"> ○ Schedule these patients based on patient and team preferences.
Review major patient requests for letters, forms etc				<ul style="list-style-type: none"> ○ Review requests for referrals, forms, letters etc with the team.
Document individual patient plans for today in Snapshot Specialty field	<p>Documentation in EPIC:</p> <ul style="list-style-type: none"> Allows other staff to assist today if needed, for example during breaks or busy times Allows notes to remain in place for the future if patient misses or reschedules the appointment Serves as a reminder for today for each team member 			