**Anatomy of a Huddle**

1. General Rules
   1. Meet prior to morning and afternoon patient appointments
   2. Keep huddle to < 3 minutes
   3. Keep huddles a predictable and consistent part of the day
   4. Remember to have fun and start the day right
2. Review
   1. Review previous day and status of unfinished medical work (consultant calls, lab/X-ray results, patient follow-up)
   2. Update clinic operations status (staffing, equipment and computer operability, unexpected hospital visits, meetings, special events/external factors)
3. Identification
   1. Identify patients with chronic disease
   2. Identify potential patient “bottleneck”, tardy patients or schedule nightmare
   3. Update canceled appointments (hospitalized patient, etc)
   4. Identify patients with special needs (age, disability, personality, language barriers)
   5. Identify patients for whom the provider will need assistance
4. Preparation
   1. Discuss special patient issues
   2. Discuss possible constraints to visit (language, disability, stress, personality etc)
   3. Discuss contingencies to deal with issues and patient needs
   4. Define necessary work for specific patient
   5. Discuss need for testing or questionnaire prior to provider encounter
   6. Discuss any specific expectations for the day
5. Growth
   1. Develop a team spirit and maintain positive attitude
   2. Provider provide education as appropriate
   3. Practice active listening
   4. When able, re-huddle at end of day
      1. What went well
      2. What did not work
      3. What could have been done differently

**Suggestions for improvement**

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| Category | Suggestion |
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Resource: Huddles: Improve Office Efficiency in Mere Minutes (Family Practice Management 6/07) www.aafp.org/fpm/20070600/27hudd.html