**Guide**

**Extended Huddle for Complex Patients**

**Time:**  Weekly. Morning meeting: 8 – 9 AM (or other as decided at site)

**Attendees:** Team members including PCPs (physician,NP, PA), medical assistants, PSR, BHC, care coordinator/care navigator, administrator, student and/or pharmacist. *(A typical Extended Huddle may include 2-3 PCPs and 2-3MAs, one or two PSRs, a BHC, pharmacist, administrator, health coach.)*

**The Objectives of Huddles:**

* To bring a diversity of input to the care of complex patients who have not responded well to care thus far – usually patients with multiple and poorly controlled chronic conditions.
* Through discussion, to educate a diverse group of staff members on issues related to the care of our complex patients.
* To build understanding of the roles and responsibilities of various team members.
* To expand staff understanding of community medical and other resources and how to access them.
* To facilitate the integration of medical and behavioral health care.
* To carry out an activity that will meet expectations of some payers and granting agencies for a QA/QI program. of certifying and granting agencies (i.e. patient centered medical home, Accountable Care Organization, Community health center program expectations)

**Preparation**:

* Identify huddle facilitator.
* All participants bring their computer for access to the patient records and tasks.
* Sometimes: provide simple continental breakfast items: coffee, juice and something edible.
* Team members identify (usually at least) two patients to be reviewed by the group.
* Flip chart will be available for noting key aspects of a patient’s situation , action steps and person responsible.
* Use huddle note template to record huddle plan in the EMR.

**Welcome:**

**Read the Huddle purpose:**

“We gather here this morning to combine our skills and knowledge to assist our patients to understand their health condition, to clarify their goals and to take actions that will improve their wellbeing. We strive to be expert health workers and to honor the expertise of patients in their own lives.”

The following is a suggested agenda

**Agenda Item 1 : Follow-up on Patients presented at the last huddle.** *(15 minutes)*

Whoever knows, speaks.

* Brief summary of the patient’s situation and the plan of action.
* Report of actions taken since last huddle.
* Discuss follow-up actions.
* Update the Huddle Note.

**Agenda Item 2– Review Two Complex Patients** *(25 minutes)*

1. A group member (often a PCP but could be any attendee) presents a patient and the attendees contribute questions and knowledge of the patient. Attendees view the patient’s EMR. The following information could be included in the presentation and discussion:
* Brief review of diagnoses, conditions, family/social history.
* Self-assessed health status if available (i.e. Duke Health Profile)
* Most recent contacts with CCHS staff (telephone, visits)
* Recent hospital, ED or specialist referrals.
* Social and family support/ strengths.
* Relevant community resources.
* Current Personal Care Plan (if one).
* What is the most important issue(s) for this patient. Do we know what this patient wants?
1. Discussion addresses key issues in 1.) the technical realm (i.e. changes in medicines, specialist referrals, preventive services needed, gaps in medical or social history, resources that could help) and 2.) the adaptive (behavioral change) realm (i.e. status of behavioral health risks, stage-of-change, patient values and goals).
2. Next steps or tasks are identified and responsible team members.

**Third Item – Appreciations and highlighting issues that emerged from the cases related to health center operations patient flow, work flow and patient access.** (10 minutes)

Quick round of input from each attendee who wishes to speak. Comments recorded and passed to appropriate staff for attention as needed.

**Minutes and Record** prepared by facilitator. See format below.

**Closing Statement**

 *(for example) “While many problems of our patients and organizations are solved with authoritative expertise or standard operating procedures; many problems are not, and we call these adaptive challenges because they require experiments, new discoveries, and numerous adjustments by individuals and teams. “*

**Tips for patient reviews in Huddles**

* All participants (if possible) should have access to a computer to allow them to view the record of the patients being discussed.
* The presenter should present a summary of the patient’s clinical situation, social/family situation, patient objectives or desires (if known and the current treatment approach.
* The presenter should state the areas of concern to them (gaps in knowledge, ambiguity about next steps) and actions that they believe would help.

*It is anticipated that the areas of concern and ideas for actions will relate to the three kinds of intervention: the technical (i.e. exams or tests to carry out or interpret, Rx changes, referrals); the adaptive (i.e. supporting the patient in understanding and adapting to their health situation usually requiring behavior changes); and advocacy (i.e. assisting patients in acquiring services or benefits that would improve their health or well-being.)*

*Also, most patients will have both a medical and a behavioral health (or behavioral change) component to their assessment and plan.*

* The group should be asked if they have questions that would help in formulating a plan of action and/or if they have knowledge of the patients situation that could be useful.
* The entire group could then be queried about possible interventions or actions to gain more information. If the group is unclear about what is important to the patient or the extent of the patient’s awareness of the problem, or the family resources, that could generate a telephone call or, in some cases, a home visit.
* Someone, perhaps the one keeping notes could repeat back the action steps that came from the group and they are included in the Huddle Note for the patient’s record.
* Notes should be brief. Only complete those parts of the patient review notes that are relevant. We are mainly interested in the concerns of the clinicians, the concerns or objectives of the patient, and what we plan to do about it.
* A huddle note permits the clinical team members to quickly recall the plan that came from the huddle.

***Format for Minutes and Notes***

**Minutes:** include relevant information in the following format.

**Title:** Huddle Notes

**Date:** (today’s date)

**Huddle place:** (The health center where conducted.)

**Huddle attendees:** (staff and visitors names)

**Huddle facilitator**:

**Patient Reviews:** *(include all patients discussed including patients reviewed in previous meetings.)*

Patient #1: Last name and CCHS record #

* For the patient: Important issues, objectives, behavior change decisions.
* For the clinical team: Important issues/decisions.
* Questions remaining (i.e. related to possible benefits/resources that would help the patient and to clinical decision-making. (Is there a clinical evidence question to address?)
* Tasks or next steps and responsible person
	+ MA/Provider: (i.e. follow-up visits)
	+ BHC/Health Coach: (i.e. contact patient by phone or visit, contact family/set family meeting, MI)
	+ Care Coordinator: (i.e. connect with services, telephone contact, home visit)
	+ PSR: (i.e. appointments)
	+ Administrator: (i.e. f/u on operations issues, relationships with outside agencies)

Patient #2: (same format as above)

Patient #3: (same format as above)