



Multi-Disciplinary Team-Based Care, Session #3, Community of Practice

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Disclaimer

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Huddles

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Disclosure

Catherine Lopez-Sable

- *Has no relevant financial relationship to disclose*
- *Will not be discussing the off-label or investigational use of products*

Huddles


Huddles are a process by which a clinical area, department, or hospital leadership come together on a daily basis and assess their ability to care for the patients they will encounter that day combined with an assessment of any concerns about the delivery of care.

NCQA PCMH 2014 Standards, Elements and Factors

Patient Center Medical Home (PCMH), requires Team-Based Care.

Huddles are a great way to demonstrate Element D: The Practice Team.

9/21/2016 PCMH 2014 Content and Scoring Summary



Search... Search

PCMH 2014 SCORING

Scoring Summary

Recognition Levels	Required Points	Must-Pass Elements
Level 1	35–59 points	<ul style="list-style-type: none"> ■ 6 of 6 elements are required for each level ■ Score for each Must-Pass element must be ≥ 50%
Level 2	60–84 points	
Level 3	85–100 points	

100 Points, 27 Elements, 6 Must-Pass Elements

Points	Standard/Element	Must-Pass = 50% Score
10	PCMH 1: Patient-Centered Access	
4.5	Element A Patient-Centered Appointment Access	✓
3.5	Element B 24/7 Access to Clinical Advice	
2	Element C Electronic Access	
12	PCMH 2: Team-Based Care	
3	Element A Continuity	
2.5	Element B Medical Home Responsibilities	
2.5	Element C Culturally and Linguistically Appropriate Services (CLAS)	
4	Element D The Practice Team	✓
20	PCMH 3: Population Health Management	
3	Element A Patient Information	
4	Element B Clinical Data	
4	Element C Comprehensive Health Assessment	
5	Element D Use Data for Population Management	✓
4	Element E Implement Evidence-Based Decision Support	
20	PCMH 4: Care Management and Support	
4	Element A Identify Patients for Care Management	
4	Element B Care Planning and Self-Care Support	✓

<http://www.ncqa.org/programs/recognition/practices/patient-centered-medical-home-pcmh/pcmh-2014-content-and-scoring-summary>
1/2

Who, what, where...

- The Who?
- The What?
- The Where?
- The When?
- The Why?
- The How?

The Who?

Involve the right people.

Huddles can include all staff including physicians or Teamlets: A small portion of the larger team (e.g. provider and MA)

Have two people to run the Huddle.

1. Verbal Facilitator
2. Data Recorder

*It is very difficult for one person to play both roles.
The facilitator role can rotate between leaders and staff attendees.*

The What ?

Huddles can evolve using **4 Elements**

1. Volume Assessment
2. Readiness Assessment
3. Problem Accountability
4. metrics and Goals

Evolution of Huddles, Part 1

■ Volume Assessment

- ✓ Volume of activity for the day: capacity, workflow, concerns that need to be addressed.

■ Readiness Assessment

- ✓ “S-MESA”: Safety, Methods, Equipment, Supplies, Associates
- ✓ “SESSFIM”: Safety, Equipment, Supplies, Satisfaction, Facilities, Information Services, and Methods.
- ✓ Quick Hits: Issues that are anticipated to be resolved within a short period of time and do not require large amounts of problem analysis or project management (e.g. supply is on back-order).
- ✓ Complex Issues: Issues that will take a longer period of time and would benefit from project management. (e.g. Change to admission or discharge processes).

Evolution of Huddles, Part 2

■ **Problem Accountability System**

- ✓ Complex Issues: Define nature of issue, define owner of the issue, define quality specialist assigned to issue, date the issue was first identified and the date the owner is to report back on the progress.

■ **Metrics and Goals**

- ✓ Transparency of performance measures and goals. Review daily, weekly or monthly.

Checklist?

Each Huddle should have a clear process.

✓ Use a checklist or template.

AMA STEPSforward
<https://www.stepsforward.org/modules/team-huddles>

Team huddle checklist

Use this modifiable checklist to lead your team through efficient, effective huddles at the beginning of the clinic day or session.

Date:	Start time:
Huddle leader:	
Team members in attendance:	
Check in with the team	
	How is everyone doing?
	Are there any anticipated staffing issues for the day?
	Is anyone on the team out / planning to leave early / have upcoming vacation?
Huddle agenda	
	Review today's schedule
	Identify scheduling opportunities <ul style="list-style-type: none">• Same-day appointment capacity• Urgent care visits requested• Recent cancellations• Recent hospital discharge follow-ups
	Determine any special patient needs for clinic day <ul style="list-style-type: none">• Patients who are having a procedure done and need special exam room setup• Patients who may require a health educator, social work or behavioral health visit while at the practice• Patients who are returning after diagnostic work or other referral(s)
	Identify patients who need care outside of a scheduled visit
	Determine patient needs and follow up <ul style="list-style-type: none">• Patients recently discharged from the hospital who require follow up• Patients who are overdue for chronic or preventive care• Patients who recently missed an appointment and need to be rescheduled
	Share a shout-out and/or patient compliment
	Share important reminders about practice changes, policy implementation or downtimes for the day
	End on a positive, team-oriented note <ul style="list-style-type: none">• Thank everyone for being present at the huddle
	Huddle end time:

Source: AMA. Practice transformation series: implementing a daily team huddle. 2015.

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The Where?

Designate one space to have daily huddles.

- Post huddle template at designated space for quick reference throughout the day
- Allow no interruptions
- Stay focused and pertinent

The When?

Designate a set time for daily huddles.

1-2 times a day depending on huddle structure.

Example: morning clinic

review previous day and status of unfinished medical work
(calls to consultants, review of lab, patient follow-up)

mid-day or after-clinic

evaluate the appointments and exchange information

No longer than 15 minutes

The Why?

- Huddles greatly increases clinic's ability to rapidly identify and solve problems.
- Huddles helped with team-building and improved coordination of our medical services.
- Using the Huddle process helps unite those with roles primarily in operations with those with roles primarily in quality and safety as one coherent team as opposed to two separate entities.

The How?

Make it routine!

- Practice leaders, including physicians should lead each morning or a substitute leader should be assigned.
- Huddle time is scheduled, not squeezed in.

Daily Huddle Template

Center for Special Studies (CSS) *New-York Presbyterian Hospital*

NewYork-Presbyterian
Ambulatory Care Network


Preparing For Your Daily Huddle

Who?	All staff should attend huddle, including physicians
What?	Each huddle should have a clear objective
Where?	Designate one space to have daily huddles. Following the huddle-post the daily huddle in a designated space so all staff members can refer back to that day's discussion topics.
When?	Designate a set time for daily huddles – huddles should last no more than 15 minutes
Why?	Huddles are a crucial leadership tool to check-in with staff, develop a daily plan to improve care and quickly identify issues preventing your staff from completing their goals
How?	Practice leaders should lead huddles each morning. If a leader is unable to lead the huddle, a substitute leader should be identified. If that's not possible be sure the Huddle Template is completed the day-prior and posted.

Daily Huddle Agenda Overview

- 1. Review**
What happening in clinic acknowledge any successes and follow-up of previous issues.
- 2. Plan**
Address any potential challenges for the next day
- 3. Recognition/Shout Outs!**
Any efforts or achievements of the department or individual staff members; allow time for staff members to recognize eachother
- 4. Daily Announcements**
- 5. Wednesdays Only:**
 - Monthly Focus In-Service Guide,
 - Daily Huddle Message
 - Share a positive and a negative comment with your teams. Reflect as a group on what went well and what did not.

Daily Huddle Report



Daily Huddle Template
Today's Date: 3/22/2016

What Went Well Today?

What Needs Further Follow-up?

Any staff or patient Safety Issues

Recognition/Shout Outs Opportunities

Hospital and Practice Announcements:

1. Please complete the AHRO Patient Safety Culture Survey! Takes 10 minutes and your answers are very important to the Hospital
2. Reminder – All Staff Meeting is Scheduled for April 1 at 1:30 in Griffiths. Please note new location
3. This is the last week to complete Wellbeing Assessment and Biometric Screening to receive a Fit Bit. Contact WHS to make an appointment

Daily Motivational or Inspirational Phrase/Quote (Optional):

Wednesday's ONLY:
Monthly Focus: Subject and Link to Outpatient Setting: CG CAHPS: Provide a Clean and Safe Environment of Care.

Factors that influence Patient perception Include:

1. Actual Cleanliness
2. Condition and feel of the facility
3. Condition and feel of the unit
4. Clutter
5. Organization of the work areas
6. Condition of public areas.

Best Practices include:

1. Decluttering your work area
2. If you see garbage, pick it up and throw it away.
3. Clean up after yourself
4. No food or drink in patient care areas

Daily Huddle Message: If you see something do something (e.g. sentact, notify a manager or supervisor, pick it up and throw it away).

What Are Our Patients Saying?
Positive Patient Comment: _____

Patient Comment We Can Learn From: _____

Morning Huddle Video

Daily Morning Huddle at Snohomish
location of The Everett Clinic

<https://www.youtube.com/watch?v=dJrORZEiXpo&feature=youtu.be>

Readiness to Huddle

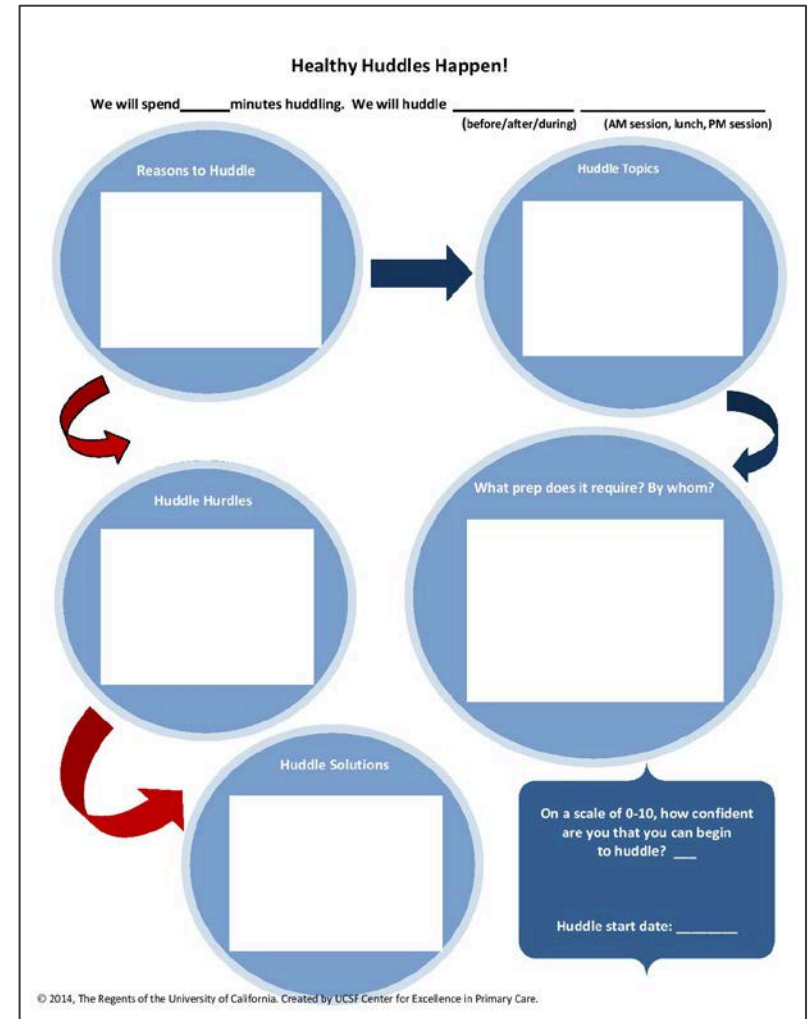
Instructions

This worksheet is a tool to introduce the idea of huddles and help your team discuss what they might get out of huddles and how to make the best use of this time.

You might ask each working team of clinician, medical assistant or nurse, and front desk or other staff member to use this worksheet to discuss huddles.

Huddle Framework and Design

University of California (UCSF)
Center for Excellence in Primary Care
<https://cepc.ucsf.edu/healthy-huddles>



Summary

- Huddles promotes teamwork
- Huddles are crucial leadership tools to check-in with staff to avoid duplicated work
- Huddles quickly identify issues preventing staff from completing their goals
- Huddles promotes communication among team members
- Huddles ensure that members plan tasks with necessary input from others

Develops a daily plan to improve care!

References

The Daily Readiness Huddle ? A Key Component to a System of Care

Donnelly LF*

[Download the Daily Readiness Huddle article](#)

University of California (UCSF)

Center for Excellence in Primary Care

<https://cepc.ucsf.edu/healthy-huddles>

AMA STEPSforward

<https://www.stepsforward.org/modules/team-huddles>

HealthTeamWorks®

<http://www.healthteamworks.org/blog/Quality-Improvement-Tips/Huddle-up!.htm>

NCQA

[The NCQA Content and Scoring Summary](#)

Thank You!

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