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

Presenter: Catherine Lopez-Sable
27 September 2016
Disclaimer

This project was supported by a cooperative agreement from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with $3,946,256 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.
Huddles

Catherine Lopez-Sable
Program Manager

The Center for Special Studies
New York Presbyterian - Ambulatory Care Network
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.
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
  - 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).
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
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

Preparing For Your Daily Huddle

<table>
<thead>
<tr>
<th>Who?</th>
<th>All staff should attend huddle, including physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>What?</td>
<td>Each huddle should have a clear objective</td>
</tr>
<tr>
<td>Where?</td>
<td>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.</td>
</tr>
<tr>
<td>When?</td>
<td>Designate a set time for daily huddles – huddles should last no more than 15 minutes</td>
</tr>
<tr>
<td>Why?</td>
<td>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</td>
</tr>
<tr>
<td>How?</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 AHRQ 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 Griffis. Please note new location.
3. This is the last week to complete Wellness 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. De-cluttering 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. send a comment to 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=dJrORZExpo&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!

Weill Cornell Medicine
AETC Northeast/Caribbean
Contact Information

**Ashley Miltenberger**
Program Coordinator
212-746-7187
asm2006@med.cornell.edu

**Catherine Lopez-Sable**
Program Manager
The Center for Special Studies
New York Presbyterian - Ambulatory Care Network
quc9001@nyp.org

nynjaetc.org

cornellclinicaltrials.com/hiv/
Disclaimer

This project was supported by a cooperative agreement from the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) with $3,946,256 (0% financed with nongovernmental sources). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, HRSA, HHS or the U.S. Government.