

Huddles Tip Sheet

What Is A Huddle:

A **Huddle** is a quick meeting to share and discuss important information. There are several kinds of huddles.

- **Start of Shift and End of Shift Huddles** provide a way to share information about each resident as everyone starts work and to recap any information at the end of the shift that needs to be shared with the next shift. They can be done in a stand-up meeting or as room to room walking rounds with the charge nurse and CNAs together checking on each resident. It helps to have other disciplines join in to share their information and to hear information that can help them contribute to the team caring for residents.
- **QI Huddles** focus on a particular resident or topic to analyze what is happening and why and what can be done about it. For example, if a resident falls frequently or uses distressed behaviors or has a persistent pressure ulcer, the staff closest to the resident can come together with other clinical and operations staff to share perspectives on how to respond to improve the situation. Homes often use huddles when removing alarms, reducing anti-psychotic medications, or troubleshooting other areas of concern.
- **New Resident Huddles** are a way to let staff know about new residents before they arrive and check in with staff about how new residents are doing in the first few days. Areas to cover include customary routines, social history, family situation, and functional abilities.
- **Everyone Stands Up Together** takes the management team's morning stand-up meeting or daily clinical meeting out to where staff closest to the resident work so that CNAs, nurses, and managers meet at the same time to share information needed by everyone. Review of the 24 hour report requires conversation with CNAs and nurses to learn what happened, share information, and problem solve. By "standing up together," issues are resolved in one conversation between the management team and the CNA's and charge nurses involved.

Why Do A Huddle:

Organizations are most effective when they use systems to foster timely, accurate, problem-solving communication that provides shared knowledge and goals.

A shift huddle reinforces teamwork and allows everyone to hear about every resident so staff can provide help to residents not on their assignment. Communication of essential information cannot be left to chance. When it is shared in a group through a huddle of the shift or with the management team, everyone hears EXACTLY the same information and can share what they know. The group can problem-solve any issues on the spot.

Who Participates:

Shift Huddle is a gathering of the nurses and CNAs working together by unit and shift. A QI huddle or a new resident huddle can include housekeeping, social work, activities, clinical nurses, and therapy. When everyone stands-up together, the management and clinical team joins with nurses and CNAs so that if there are operational or clinical issues they can be addressed on the spot.

When To Do It:

Shift huddle should occur at the beginning and end of the shift. It is best done with staff from both shifts. Huddles can also occur at other times as needed, such as before staff go on break, when a new resident arrives, when an issue arises that needs the team to come together, or when other departments can participate in a short QI discussion. Set the time so it doesn't interfere with any time crunch in care.

How Long:

Start and end of shift huddles should take no more than 15 minutes. In-the-moment QI or new resident huddles can complete business in 5 – 10 minutes but may take longer.

How To Do It:

This is a positive exchange of information needed to care for each resident. Agenda Items for a Shift Huddle or Everyone Standing Up Together may include:

- **Resident by resident report by exception**, focused on *risks and opportunities, including quality of life and quality of care*, using MDS areas of functional status, mood, and customary routines as a guide. INTERACT^{II} *Stop and Watch* is an excellent tool to focus the end of shift exchange.
- Anyone due for their **MDS** (in their **Assessment Reference Date - ARD**)
- **Changes in Census – people coming in or leaving**
- **Information about new residents**, including social history, family information, medical needs, customary routines and special needs
- **Reportable Events, Incidents, Accidents** for any resident
- **Complaints and Compliments** for any resident
- **Follow-up on any issues** raised for which the loop needs to be closed
- Any **clinical area** that is being worked on (e.g., anti-psychotic reduction)
- **News from any department** requiring staff knowledge or coordination
- Introduction of and check-in with **new employees**

For a QI Huddle:

- Bring the white board and write down all the ideas
- Prompt people who are less likely to jump in
- Set rules for “no blame” to keep it positive and constructive
- Enhance problem solving competence by using teachable moments in the discussion
- Stay with it. Staff and management will get better at it with practice

Pilot Test to Implement:

Trial huddles with your strongest charge nurse and CNA team. Learn the best time for the huddle and how to do it. As the huddle gets solid, they can share about it with peers.

Keys to Success:

Be on time, this is a short meeting. It needs to start and end on time. **Everyone** needs to be there on time and be prepared to share.

Shift Huddle Process:

This is an exchange among CNAs and with the charge nurse and other staff.

- If the shifts overlap, in the huddle, CNAs lead the sharing about each resident, with nurses and others adding relevant information.
- If there is not a shift overlap, at the end of the shift, **CNAs share information** for each resident on their assignment that the nurse then shares in her report to the next shift. At the start of shift, nurses give information provided by CNAs and nursing from the previous shift's end of shift report. Other staff may add relevant information about that resident.

Report is **by exception**, focused on risks and opportunities in **quality of care and quality of life**. For example if someone is at risk for pressure ulcers, discussion will include how well they ate and drank, and any positioning issues. If someone has been depressed, the discussion will include their interactions and participation in activities. If a resident does not seem to be herself that day, this is noted and discussed.

See **INTERACT^{II} Stop and Watch** for good examples of issues to note.

Critical Thinking:

To be successful huddles have to be valuable to the participants. These are not rote reports. They are opportunities for critical thinking and problem-solving together to ensure the best care for each resident. The exchange is an opportunity for "just-in-time" teachable moments. For example, when CNAs describe ways that a resident is not herself, as the nurse probes the issue, she can explain the medical concerns and what to look for in monitoring the situation.

Provide Coverage So Staff Can Attend:

Have management answer lights and meet residents' needs while CNAs and the charge nurse are rounding or having stand-up so that they can have uninterrupted time.

Huddles should be supportive, not negative:

Provide mentoring on how to facilitate and participate in positive team building huddles.

For short videos on Shift Huddles and on Everyone Stands Up Together go to www.BandFConsultingInc.com/WhatYouDoMatters