Why should we huddle?

SFVA Huddle Coaching Program

Co-Directed
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What’s a Huddle?

a) Something in between a group hug and a meeting

b) Something football teams do when they need to strategize their next play

c) A brief, face-to-face meeting among primary care team members to coordinate care
Purpose and Goals of Huddles

Quality Patient Care

• To provide structured opportunities for team members to:
  - daily schedule and workflow
  - patients’ special needs & preferences
  - pre-visit planning

• To provide a safe space in which team members can voice concerns and work together to problem solve

Education

To teach, model, and reinforce teamwork competencies

Relationship Building

• To build relationships among team members
Who Participates

- RN
- LVN
- Clerk
- NPS
- R2
- NPS
- LVN
- Clerk
- SW
- Coach
- R2
- Pharm
Huddle
# Huddle Checklist & Feedback Form

**Team members attending:**
- Clerk/MSA
- RN
- LVN
- Mental Health:
- Social Work:
- Pharm:
- NP Student/Res:
- Med Resident(s):

**SET UP**
- Team meets in the assigned room
- All team members have space / a chair

**PREP**
- Bring printed list of patients scheduled for the following week (scrub sheets) (MSA)
- Chart scrubbed prior to the huddle (e.g., LVN calls patients & documents reason for visit; RN orders labs, etc.) (RN/LVN)
- Issues identified for discussion (e.g., Team members reviewed charts/prescribed on patients scheduled for the day/week ahead; MSA reviewed schedule for glitches; pharmacy team completed med rec on new patients) (ALL TEAM MEMBERS)

**CHECK IN WITH TEAM MEMBERS**
- How’s everyone doing? Ask a fun question or share a trivia/non-trivial fact (e.g., weekend plans, hobbies)
- Anyone on the team out / planning to leave early / upcoming vacation / rotating out of clinic (e.g., used residents interim months)

**HUDDE CONTENT (order of discussion and team member leading each item is flexible)**

**Discuss patients scheduled for the day (LVN, RN, or Trainer leads)**
- LVN identifies which patients were contacted; Shares info obtained from patient (e.g., reason for visit, patient’s agenda)
- Team members add concerns about patients (e.g., care coordination issues, MSA to update contact information, vaccine to be given, etc.) (check box)
- Interprofessional practice partners (SW, MH, or Pharm) engage in discussion (e.g., ask if any patients are appropriate for a same-day visit (team handoff or collaborative visit, offer resources that could be helpful for patient, share information about patients familiar to them)
- MSA presents scheduling issues (e.g., trainer has several unfilled slots, a high-priority patient cancelled appointment for third time)

**Discuss patients for upcoming weeks (LVN, RN, or Trainer leads)**
- Create agenda for next week’s pre-visit planning calls (e.g., look for opportunities to order labs, x-rays, request outside records); if time is short, team can also agree that trainer will review scrub sheets and return with clear communication directions to LVN or RN by end of day.
- MSA and other team members discuss any scheduling issues (e.g., team has patients scheduled on a day when they’re not in clinic; more patients are recently scheduled)
- Triage patients to maximize access and/or continuity (e.g., any patients better suited to telephone clinic; patient rescheduled to see primary provider rather than practice partner)
- Interprofessional practice partners (SW, MH, or Pharm): Any patients appropriate for a collaborative visit next week?

**Discuss active patients who need care outside of a scheduled visit (RN, LVN, or Trainers)**
- Discuss special needs required between visits (e.g., follow-up labs, post-discharge care coordination, med refills, narcotic renewals) (RN or Trainer)
- Discuss all hospitalized patients or recent discharges (RN or Trainer)

**Other forms**
- Exchange paperwork (e.g., MSA collects documents for faxing, mailing; RN gives Trainers forms needing signatures)
- Check-in for upcoming shared medical appointments/group visits; recruitment, scheduling, reminders for patients (Trainers lead)
- Review Dashboard or other panel data (at least once per month) (RN or Trainer leads)

**WRAP UP**
- Coach gives feedback ANDOR team members debrief process and give one another feedback (e.g., summarizes key learning points; acknowledges effective use of check-back, role clarification, closed loop communication, feedback to other team members and/or identifies places where these skills could have been used)

*Based on team member availability*
Huddle
Coach Role

- **Monitoring** – make sure the huddle occurs and all team members attend
- **Modeling** – demonstrate skills and techniques
- **Motivating** – foster team spirit and collaboration
- **Guiding / Supporting** – provide information when no other team members can
- **Teaching** – describe skills and techniques, ask team to practice them
- **Giving feedback** – on relational and process factors
SFVA Model: Huddle Coaching

**Structural / Organizational Interventions**
- Trainee integration
- Scheduled time
- Designated space
- Leadership support

**Relational Interventions**
- Team retreat
- Communication training sessions
- Debrief meetings

**Process Interventions**
- Huddle coaches
- Huddle checklist
- Preceptor huddle

Huddle-Coaching: A Dynamic Intervention for Trainees and Staff to Support Team-Based Care

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