



Implementing Team Huddles

Part of the 3-part “How-To” Webinar Series, Fostering Partnerships and Teamwork in the Pediatric Medical Home

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Questions and Answers

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This document includes questions presented by participants that were not answered during the live webinar due to time constraints:

Questions	Answers
Do mini-huddles occur right after the macro huddle?	Dr Hartman: We often do the mini huddle in the morning before the macro huddle, which is done in the afternoon.
We are a big practice as well- 8 docs, 5 NPs but split between 3 physical locations. We rotate around at each office. We have 3-4 providers in each location at a time and at the moment don't have the staff for 1 on 1. Any tips for how to huddle in this case? Would you suggest one large	Dr Hartman: Our practice has two sites, each site huddles on their own with the staff physical on site. On a holiday, the staff huddle by phone. If there is an overflow of patients at one practice and needs to be shunted to the other location, the head nurses manage them.

<p>group huddle with some calling in from the other offices? Or smaller huddle at each office between those that are physically there?</p>	
<p>Is it necessary to include health maintenance needs for patients in huddle agendas?</p>	<p>Dr Stille: Typically we only discuss special or unusual health maintenance needs such as if a patient is behind on shots, is likely to need early intervention referral, etc.</p>
<p>How do you huddle if your practice is split between multiple locations and scheduling does not work for in-person meetings? Would it be more effective to have localized team huddles, or conference calls with all locations?</p>	<p>Dr Stille: Localized team mini-huddles are best, in combination with phone or web connections to some important bigger huddles (or at least good notes distributed to all).</p>
<p>How effective would the huddles be if the staff undergoes shift changes in the afternoon and the appointment line can alter the existing schedule? It sounds almost realistic to have a huddle every hour rather than once a day and if so how do we take the time out of our daily work activity to accommodate the huddles.</p>	<p>Dr Hartman: One hopes that if there are shift changes in staff, the staff will communicate to each other. This is one of the reasons my practice conducts two huddles per day. Dr Stille: Minimize time away – a few minutes is fine, and perhaps at the beginning of a shift change. If a team member becomes aware of an important change in the schedule via the appointment line, they should discuss with the team leader.</p>
<p>How do you account for same-day appointments in huddle agendas?</p>	<p>Dr Hartman: The team looks at the number of slots available for same-day appointments (morning and afternoon) in the morning huddle. Clinician permission is obtained to open up more slots if the afternoon is full. Dr Stille: It is good to report open slots, times with overbooks, etc in the huddle.</p>
<p>Should we do huddles in the middle of arriving/ departing and servicing patients and should we include the on-site biller in the huddle?</p>	<p>Dr Stille: There is probably no need to have the biller, and it is best to do huddles before patients arrive.</p>
<p>How do you engage physicians?</p>	<p>Dr Hartman: One way to consider buy in is to include the physicians in developing a standardized checklist for the huddle. Show them how huddles will improve their work life quality. Dr Stille: Make the team huddle mandatory, give physicians a leadership role, and have lunch together during a huddle.</p>

Can you include residents/interns in the huddles? How can you involve them in the huddle process?

Dr Hartman: The best thing for residents and interns is to observe mini and macro huddles and maybe allow them to discuss a few patients in a mini huddles after they have reviewed the chart.

Dr Stille: It would be great to have residents and interns observe, and have more senior residents contribute.