

Daily Team Huddles

Boost Practice Productivity and Team Morale

Developed in partnership with



CME
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How will this module help me?

- 1 Identifies 3 strategies to implement and improve daily huddles.
- 2 Discusses case studies from practices that have implemented team huddles.
- 3 Provides downloadable resources for easy implementation.



Introduction

Team huddles are a critical method to maintain smooth operations in your practice. They enable the care team to anticipate any special situations or unique needs for that day and generally last 10-20 minutes. This creates the opportunity for members of the care team to adapt their workflow for the day and support the needs of the patients and the team.¹

The goal for a team huddle is to be an effective and efficient tool for communicating about patients and the flow of the clinic session.¹ Huddles work because they elicit a pattern of practice-level thinking that may not always be intuitive at an individual level. This type of daily or twice daily adaptation is beneficial to the entire practice because everyone begins to think like a team.² Huddles provide an opportunity to anticipate patients' needs, prepare for changes in staffing, avoid surprises allowing the clinic to run more smoothly.

Three STEPS for an Effective Team Huddle

1. Establish a Team Huddle Routine.
2. Develop Relationships and Identify Roles.
3. Implement, Evolve, and Improve over Time.

1

Establish a Team Huddle Routine.

To have an effective team huddle that is both rewarding and productive, it is important to involve the right team members, determine a convenient location, and schedule times that work well for everyone. Ideally, all team members who are involved with the daily practice operations should be included in the team huddle. Including all team members—case managers, social workers, behavioral health specialists, nurses, medical assistants, and front desk personnel—brings more value to discussions around patient needs and clinic flow.

A team huddle should last between 5 and 20 minutes and should occur at times and locations that are convenient for all team members to attend. Many practices find that meeting before morning clinic hours or before the afternoon clinic session allows for the best attendance. You may want to experiment with times to find what works for the team. It is important to start and end on time to ensure consistency and reliability.

Set expectations by emphasizing the importance of daily and timely attendance.

The location of the huddle should be convenient and easy to access, where everyone has the freedom to discuss topics confidentially. If patients have not yet entered the clinic's working area, a nurses' station may work. Practices find it beneficial to use space that allows the team to review the day's schedule and patient appointments together. The person who leads the discussion should walk the team through any important challenges that may arise during the clinic session. It is okay for people to be standing during a huddle; in fact, this may help team members maintain focus.



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When the team comes together to plan care on a regular basis, we become more high-functioning and efficient, and accomplish so much more with our patients.

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—Karen A. Funk, MD, MPP, Vice-President Clinical Services, Clinica Family Health Services

Q&A

How is a huddle different from a team meeting?

Huddles are brief discussions that focus on the action plan of the day and allow for quick changes to the workflow based on the needs for that clinic session. Team meetings occur less frequently and focus on topics that are more in-depth or seek to resolve underlying process problems or broader workflow issues.

How can we make time for a team huddle when we are already so busy?

At first, it may seem like a daunting task to have a daily huddle if this is new to your practice workflow. However, clinic operations are typically far more efficient when you invest the time for a daily huddle. When you first start, you may want to keep the huddles to 10 minutes and commit to starting and ending on time.

2

Develop Relationships and Identify Roles.

Distinguishing roles in the team huddle helps to ensure that it will run smoothly. When defining roles, consider topics that each team member will prepare—based on roles and the agenda.

Identify a huddle leader.

The primary responsibility of the huddle leader is to ensure that every huddle is focused on the day's work and that all team members have the opportunity to voice opinions and concerns. Having a huddle leader provides continuity and can be a great method for building a strong team culture. Rotating the role of the huddle leader to different team members helps make everyone feel more involved. When bigger issues arise in discussion, the huddle leader can direct the conversation by putting those topics in a “parking lot” to discuss at a future meeting.

Other roles can include:

The nurse manager or administrator: Review team staffing needs, absences, and reallocating responsibilities for the day. For example, during flu season, a new work flow could be reviewed when vaccine becomes available.

Physicians, nurses, and medical assistants: Review patients with chronic or complex needs and flag required advance preparations, such as:

- Behavioral health, pharmacy, or case management referrals.
- Diabetes or other health education.
- Allocating more time or space for the visit.
- Updates about recent patient events, such as hospitalizations, emergency room visits, consults, or surgery.
- Scheduling interpreters.
- Procedure setup.

Schedulers: Discuss available clinic capacity for day and ensure the team is aware of any same-day openings as well as urgent or cancelled visits.

Everyone should be aware of their individual responsibilities and should be prepared to collaborate with other team members in an effort to meet each patient's needs.

Physicians and practice leaders should set a good example and serve as role models to the rest of the team. Clinic leadership should model behaviors like consistent attendance, arriving on time, and focusing their attention on the discussion.

Q&A

How can the information exchanged in a huddle benefit the team?

Team members may use this information to prioritize their work and allocate their time based on patient and team needs throughout the day. For example, a medical assistant may offer to assist with phone calls or cover another clinician on a day that a physician is not seeing as many patients. Anticipating a call to an interpreter or coordinating a visit to a behavioral health specialist will ensure that the team is providing the best possible care to its patients. Anticipating procedure setups, such as a Pap smear or suture removal, reduces the number of trips out of the room during a visit—decreasing interruptions and increasing practice efficiency. When the team is proactive and plans together, the clinic becomes more efficient, flexible, and adaptive during times of high patient volume and acuity.

3

Implement, Evolve, and Improve Over Time.

As the practice begins implementation of team huddles, a checklist or template for agenda items may be especially useful. Huddles can become more organic over time, but initially they may benefit from a set structure. A checklist or template can be used by the team huddle leader to keep the conversation concise and focused. The time will pass quickly when you have a day's worth of patients to discuss.

Sample Team Huddle Checklist

Customize this team huddle checklist to the unique needs of your practice

(MS WORD, 37 KB)

The team will remain enthusiastic about huddles if huddles continue to provide value. Focus on improving the agenda so that the huddles provide clear benefits to both patients and the team. Practice leaders can ask individual team members, “How can huddles be more useful for you and our patients?”

Consider hiring an expert. Professional coaches that are not involved in that day's clinical operations can be hired for a discrete time period to provide positive, constructive feedback to team members participating in

huddles. The practice may benefit from having an impartial person review the checklist and provide additional feedback on communication, teamwork, and facilitation skills.

Increase team engagement. When huddles are brief and perceived as valuable, participants are more likely to be engaged. Explore barriers to participation, and always consider ways to improve. Use different strategies to encourage participation in team huddles as they become part of the practice's culture:

- Teamlet competitions (e.g., publicizing which teamlets huddled the most).
- Incentives (e.g., lunch, snacks, or notes of appreciation for teamlets that huddle more than 90% of the time).
- Positive reinforcement during individual performance discussions.
- Visual indicators of huddle success, such as:
 - Green sticker: Huddle was successful.
 - Yellow sticker: Huddle was incomplete or missing team members.
 - Red sticker: Huddle did not occur.

Track results. Track important clinical factors that may be impacted by team huddles and share the results with the team. Some of these factors may be linked to larger priorities such as wait times or patient satisfaction—and the outcomes can be tracked over time. Is the team better prepared for patients with complex needs? Is the team better able to address patient health concerns because they collectively and proactively anticipate patient needs? Maybe more behavioral health visits are being made or more follow-up care is being coordinated or performed while the patient is at the office for their visit.

Huddle Evaluation Form Template

Use this customizable form template to evaluate how huddles are going in your practice and identify possible ways to improve.

(MS WORD, 44 KB)

Celebrate success. A shout-out to a teammate (“Lori jumped in to pick up phones yesterday when we were really backed up.”) or a story about great care that was provided to a patient (“Mrs. Price’s cancer screening came back positive; it’s a good thing that Evan placed the order while she was being roomed, so we were able to catch it early.”) sets a positive tone for the day and reminds everyone on the team how valuable they are. Sharing positive results will help the team see the value of the huddles and team members will become more engaged when they see the difference that it is making for their patients.

Conclusion

Team huddles provide everyone with an opportunity to connect before a clinic session in an effort to provide high-quality patient care.



AMA Pearls

Incorporate important announcements or quality improvement check-ins.

Team huddles are a daily opportunity to communicate about patients and formulate the plan for the day, but they can also be used to circulate other important information if done quickly. If the team is focusing on decreasing patient wait time or increasing referrals to the diabetes educator, the huddle can be used to remind the team about these initiatives. Other announcements, such as a scheduled downtime in the electronic health record (EHR) system, can also be made during this dedicated time.

If the team is struggling with timing, assign time limits for agenda items.

If the huddle leader has a hard time getting through the agenda in a timely fashion, have another member of the team watch the time in order to keep the team on track. A leader or coach could also observe and help the team develop efficiency to get through all necessary agenda items.

Case Reports

1

Daily Team Huddles Case Report: Maxine Hall Health Center

At Maxine Hall Health Center, a public health primary care clinic in San Francisco, huddles were not an immediate success. When the clinic sessions continued to be chaotic, leadership decided to reinvigorate the practice's huddle efforts. It took more than a year for the huddles to become routine and impactful, as leaders worked with the team to identify the huddle format and timing that produced the highest value. Now, there is a clinic-wide sense that “if you missed huddle, you missed important information for your day,” says Catherine James, MD, part-time medical director and CMO for Primary Care at Maxine Hall Health Center.

Full Team Huddles

Huddles start at 8:00 a.m. in a central team room where physicians and medical assistant teammates are co-located. The huddle is called and led by the nurse manager. The entire clinic staff is encouraged to attend, including behavioral health clinicians, nutritionists, pharmacists, specialists, transcriptionists, front-desk staff, nurses, and volunteers.

Huddles begin with staffing and logistical information, followed by quick reminders about ongoing clinic quality-improvement work, such as a depression-screening initiative. Then two critical pieces of scheduling information are discussed: the available appointment capacity that day and each provider's next available appointment. This includes anyone who offers appointments to patients—nurses, pharmacists, behavioral health specialists, as well as physicians. This step of identifying the next available appointment was added to the huddle checklist as huddles evolved, and it has greatly improved patient-care coordination among the team. For example, when a physician needs a patient to be seen for hypertension follow-up in six weeks but does not have an available appointment for seven weeks, the physician can schedule an interim follow-up appointment with one of the pharmacists that he or she knows from the huddle has availability in three weeks. The physician is thus able to

prioritize patient care with minimum inconvenience or disruption to patients or the clinic schedule. The five-minute huddle concludes with general announcements and shout-outs.

Subsequent Teamlet Huddle

After the full team huddle, team members split off into their own designated teamlets to spend an additional two to three minutes to coordinate their scheduled patients for the day. Four years into huddling, they run organically without reference to a checklist, although one was used initially to structure the huddles.

Making huddles a success

Dr. James recalls several other techniques that helped the team show up on time and ready to huddle regularly. First, clinic leadership committed to serving as models for appropriate huddle behavior, including being punctual and present. Second, the team used enthusiastic, positive reinforcement when people demonstrated good huddling behavior, both publicly and privately during performance reviews. Finally, an invested leader, the charge nurse in this case, was designated to call the huddle each day so everyone arrived at the correct time. Since making the decision to commit to regular team huddles, Maxine Hall Health Center has seen improvements in teamwork, preparation, and the ability to coordinate care for their patients.

2

Daily Team Huddles Case Report: Clinica Family Health

At Clinica Family Health, a federally qualified health center in the Denver–Boulder metropolitan area, huddles occur twice each day: once in the morning and once in the afternoon after lunch. The first twenty minutes of each clinic session are blocked off for huddles. Care teams (called “pods” at Clinica) have found this a worthwhile time investment, helping them prepare for each patient's visit. Karen Funk, MD, MPP, Vice President of Clinical Services and a practicing family physician at Clinica, justifies the time used for huddles in this way: “When the team comes together to plan care on a regular basis, we become more high-functioning and efficient, and accomplish so much more with our patients.” Clinica has a very low rate of no-shows due to advanced-access scheduling, ensuring that this twice daily preparation pays off.

Huddles take place in the pod workstation where practitioner and medical assistant are co-located and regularly work together. When huddles started 10 years ago, this teamlet would pull each chart and review relevant clinical issues together. Now, they have an EHR with embedded tools that prints a one-page visit prep checklist for each patient. This care planner was developed by Clinica to flag guideline-concordant preventive and chronic disease care gaps, including immunizations, diagnostic and laboratory testing, and referrals. The physician–medical assistant teamlet reviews the care planner together so that arrangements can be made to address such issues proactively during the visit. Other pre-visit preparation or paperwork is done side-by-side during this time. Extended team members, including a nurse care manager, behavioral health specialist, and referral case manager, make rounds to each teamlet to discuss patient care plans, as well. For example, the care manager may flag a patient with complex care needs arriving that day and ask the medical assistant to find her when the physician is finished for a post-visit meeting. Likewise, the physician may ask the care manager to see an additional patient on her schedule that day who may benefit from her services.

Visit-Prep Checklist

(MS WORD, 52 KB)

Huddle time at Clinica is also used to reinforce data-driven quality-improvement efforts on a daily basis. Team members will gather at the data board regularly to review their pod-level performance data and discuss plans of attack for lagging indicators. This sends the message that the entire team is responsible for patient health, and is another way that Clinica creates exceptional team culture and performance with the aid of daily team huddles.

3

Daily Team Huddles Case Report: Martin's Point Healthcare

At Martin's Point Healthcare in Bangor, Maine, huddles started as informal meetings between a single clinician and his clinical support team to improve communication. Ten years later, that simple meeting has evolved into a 10- to 15-minute, high-energy meeting at the beginning of each clinic day—where the entire practice

arrives ready to discuss to the day's plan. Paula Eaton, the clinic's administrator, has been a key champion of this evolution. She recalls, "At the first official huddle, even the doctor didn't show up. I had to keep asking, 'How can we make this useful to the team?'" She cites this question as critically important to developing the level of engagement seen in their daily team huddles. She describes huddles as, "what we are doing today and how that is moving us closer to our goals." "Every day is an opportunity to make improvements," she adds.

Martin's Point Healthcare huddles are each morning before the start of the clinic session. The agenda is set using a template that undergoes revision approximately every three months. The minutes for each huddle are recorded electronically and emailed to the team.

Huddles start with an understanding of capacity: how many appointment slots are open, what the staffing levels are, and who is working with whom. This is summarized in the huddle minutes as "today's constraints." This is followed by a brief summary/recap of patient complaints or concerns from the previous day, such as a patient who was unhappy with a delayed appointment. This allows the team to quickly delegate a team member to address service recovery and maintain patient satisfaction scores. The team then shares "WOWs," or shout-outs about those who have made a notable contribution to clinic. Ms. Eaton notes that the team highly values WOWs. They make a noticeable impact on teamwork, team appreciation, and team culture. As huddles evolved, the team moved WOWs to the end of the agenda so they would not take time away from the other important items on the huddle checklist.

The huddle model at Martin's Point Healthcare has met challenges over the years. A meeting facilitator role was created to keep huddles on track by tabling and recording issues that required longer discussions for team meetings. Ms. Eaton notes, "Huddles are not really meetings; the team makes the plan, then off we go." When huddles drag on, the team found that people lost interest and focus. Initially, the huddle leader role rotated amongst team members, but the team has become comfortable with one patient-service representative taking on this role.

Ms. Eaton adds, "Huddles can be as simple or complex as you want them to be. If people find huddles useful, the time will be there. Time is always a constraint; it's how we utilize it that gets people to attend/participate. Making huddles mandatory is beside the point."

4

Daily Team Huddles Case Report: University of California, San Francisco

The hepatology clinic at University of California, San Francisco, is an outpatient practice that serves patients with complex hepatic conditions, including patients who have undergone liver transplants. The busy academic practice books approximately 6,500 patient visits a year.

Clinic leaders initiated daily team huddles as a component of a broader [Lean](#) implementation, triggered in part by persistently low patient satisfaction scores. Facilitated by the practice manager, the team huddles are held each day at 9:30 AM and include the entire care team—attending physicians, fellows, nurse practitioners, physician assistants, and administrative staff. The team comes together for 15 minutes to discuss the agenda for the day. They identify any potential issues, such as a provider being out sick, and develop plans to minimize any repercussions, such as longer wait times for patients.

During the huddles, the team also reviews a status report for the previous day, prepared by the the practice manager from the electronic medical record each morning. The report includes four pieces of data that relate to the overall goals for the clinic:

- Number of new and return patient visits.
- Number of "no-shows" and the reasons for them (the staff contacts patients to inquire about the cause of missed appointments).
- Average visit length.
- Number and status of referrals received, both internal and external.

During the huddles, team members also identify any ongoing issues that are adversely affecting their daily work, such as inefficient patient rooming practices, difficulties consistently collecting copays, or delays in obtaining

diagnostic test results. Once a problem is identified, team members suggest a potential solution to test, identify an individual responsible for implementing the solution, and determine a timeline to implement and evaluate the proposed solution. These staff-initiated solutions have resulted in rapid improvements to problems that contribute to delays for patients and frustration among care providers. If a problem cannot be solved by the team in daily huddles, it is escalated to the clinic leaders, who address the problem or bring it to the attention of medical center leaders.

The huddle also serves as an opportunity to recognize team members for their positive contributions to the clinic. The practice manager reads emails and comments from patients and shares results from the week's patient survey. According to Bilal Hameed, MD, associate chief of the clinic, the team huddles have resulted in many improvements that have boosted morale and job satisfaction, both among patients and across the team. "Our clinic staff has been empowered to identify problems and test solutions. Now they feel heard, respected, and an important part of the team. Providers get what they need for their patients and are less frustrated. It doesn't take six months or a year to fix a problem that affects their daily work. It's solved right away."

Learning Objectives

1. Describe distinct roles for team members in a daily team huddle
2. Identify ways to ensure that daily team huddles become routine
3. Discover ways to improve daily team huddles in your practice over time
4. Recognize the value of daily team huddles to the operations of your practice and the impact on patient care

Article Information

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