

Huddle are core and more: communication skills to support practice change

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ARVELLE BALON-LYON

...flow through the day. And the good news is that the evidence tells us that this simple tool makes a huge impact in the way that we can actually create and coordinate and communicate as a team and have an effective day together. So why is it relevant to you? I've mentioned about the evidence telling us if there's one single thing that you could do to make a big impact in team work and that would actually be encouraging team huddles to be incorporated into their daily routines. They're helpful to support a quick communication, win, a quick coordination win. But also we know that teams are often challenged with so many competing demands in a day and there's stress and there's tension within those environments. So it sometimes is a simple way in order to really open up a dialogue between teams early in a plan day and potentially just may streamline some of the teamwork issues that may result and also practical strategies for coordinating patient care delivery. So, on your table or on your chair, there is a team huddle checklist. Let's just take a moment to look at that together. There's a couple of tips on the top around how to huddle: choosing a consistent time, as I've mentioned. So the huddle time becomes routine. And we all know how hard sometimes it is to get all of the providers and the team members together, at the front of a practice, back of the practice, to coordinate around patient care. So that routine time really is helpful. Morning huddles tend to work really well for most practices, but sometimes an afternoon huddle in the early afternoon to look at a patient group then as well. I mentioned that limiting huddles for their time because often getting buy in for that, this is actually a valuable strategy and a tool is a tough one. So if you can encourage team members to keep it to that 15 minutes or less often, the sweet spot is that seven minutes, it's really helpful. And then holding that huddle in a central or convenient location. So for larger practices, this just is a great plan-do-study-act cycle to move in and suggest early that they test the different conditions, the different places where they may want to actually have a huddle. You know, are they bringing records with a minder standing in front of an electronic record to support the information exchange. And then choose a huddle leader and rotate that leader for practice within the team. So here is just a standard agenda that, on the checklist here, that often teams find helpful. So starting out with a check in with the team. So how's everyone doing and welcoming that open dialogue and conversation as a group. Are there any anticipated staffing issues that we have today as a team? Is anyone on the team having to juggle something with family or other priorities that you have? So getting a sense of how that team is coming together and if they're able to provide their full attention or they have competing demands, which is so common. What went well yesterday? A great way to start out a conversation. So we left yesterday after a

very busy day. Was there anything that stood out to you that went really well in your planned interactions? And how is there something that we might want to improve upon today? Often the huddle agenda might include scheduling opportunities. Are there some same day appointment capacity that's available if patients are calling in and need extra needs attended to? Are there other scheduling arrangements that need to be made in in order to meet the patient demands? Are there recent cancellations within the patient group? And are there any discharges or recent hospital or community discharges that will have to be relevant and on top of? So, review who is on the schedule and then determine if there are any special needs. This is a prime opportunity for us as practice facilitators to build routines into the huddle that actually look beyond the care need that's written on the schedule and encouraging to look at those proactive screening needs that maybe a patient has as well. They're look...the team members are looking at a list. So does this individual require any screening or other interventions or care needs to look at them as a whole person in a holistic perspective? And then of course, identify patients who might need care that aren't on the schedule who may be be attended to through virtual visits or otherwise. So that's a quick team huddle checklist that's available for you to help and share with team members. Now, I'm gonna put you to work and you'll find a couple of papers on your chairs. So I'd like you to work in groups of three, if you can, and review the team huddle checklist just really quickly. Again, I went through it very rapidly. And there's another worksheet that's provided to you as well. What I'm asking you to do is to actually create a script to introduce team huddles to the practice teams that you're working with, explaining the what and the why that this type of practical approach could be really effective in their environment and would make a big difference. So you might want to just think about it for a moment at the top of your sheet. I'm gonna pull it up here. We have two sheets there. This is the one if you have a pen...I was thinking about that. Not many of us carry pens anymore. So if you want to just think as you're looking at the checklist, what are some of the key points about huddles that are top of mind for you that you might want keep top of mind as you build your script that you and that you will be using when you're introducing the value of team huddles to those teams that you work with. So take a few moments to do that. I wanna also draw your attention to the second part of the question and that is that identify what key questions or considerations you could bring forward to the practice team. And here we've actually used the five "Ys," you know, practical tool, who, what, when, where and how there's some examples of questions that you might actually be exploring with the teams you're working with. We might not get through all of this today. Let's build the script to start with. Then if you have time, go through building some of the key questions that may you may be bringing to practice groups to consider as they're doing these tests of change. And then we're gonna do a round table and hear back from you. I have some pens too.

SPEAKER

ARVELLE BALON-LYON

Make sure your group of two or three has one pen between you. So, we're gonna work. This is gonna work fairly rapidly over the next five minutes and then I'm gonna invite you back.

SPEAKER

ARVELLE BALON-LYON

I'm going to draw your attention to the front. It's a very rapid exercise and I know you won't have had enough time to get all of the activities done, but it'll prompt as a good conversation as we head out into the next sessions in the break. But given I'm just going around to one or two groups and would you mind sharing some of the ideas that you came up with as far as your script and, or any? I don't if you had any key questions that you got written down anything.

AUDIENCE MEMBER

We spent the whole time talking about who makes up the team, the huddle of our various experiences. So we never got to a script. But I mean, I, at least in, my, in my work, we have the behavioral health care manager come to the morning huddle with the physicians that are working that day and they have the schedule and they know who's got depression, who's got anxiety that has not, that has a screen and that's positive. And they say, "hey, doc. So-and-so is coming in and blah blah, I want you to make sure you introduce collaborative care to them if you think it's the right fit, you know." Or "so and so is in collaborative care. They're coming up for a follow up with you. They they're doing really well. Here's their current care plan, ask them what they're working on for their behavior activation goal." And that's helped.

ARVELLE BALON-LYON

Anybody else wanted to share what you came up with in your script for introducing the value of team titles?

AUDIENCE MEMBER

One idea came up was like using a sports analogy so that they can understand like the purpose of the huddle. So like sort of have a check in you come in and sort of touch base on the day and then try to keep it brief.

ARVELLE BALON-LYON

Yeah, great! Related to a sport where teams actually connect at the beginning of their game and plan their strategies. And but it really is that rapid, very focused time where they're planning together. Great idea. Anything else?

AUDIENCE MEMBER

What, what we sort of touched on is that if you can tailor the huddle to the people that are most resistant to it and make it meaningful to them, like let them tailor kind of the dynamics of it, you know. Historically, from, from my perspective, getting physician clinicians at the huddle is one of the biggest barriers. And so if you can partner with them

and ask them, like, what is the most valuable information that you would get out of a huddle and actually ensure that you include those dynamics in your huddle, right?

ARVELLE BALON-LYON

So that consultation to make sure it adds value for all and build that into your focus time together. Great ideas. So it's amazing how 30 minutes go so quickly. But I want to leave these tools together with you that you can take as you're thinking about introducing this simple team huddle to the groups that you're supporting. There's one thing I would just would like to spend a moment on and that is how will teams know huddles are making a difference for them? Is there any measures of effectiveness that you might undertake as a practice facilitator or encourage them to be thinking about? How would you know if this huddle is going well?

AUDIENCE MEMBER

We focus on closing peer gaps. So they're in the, they're in the team huddles that they're focused on one disease process with the care gap. And we use that as their metric of, are they really making a difference with the huddle and the communication? And are they catching those patients that are kind of falling through the cracks or missed opportunities in the day?

ARVELLE BALON-LYON

Right. Right. So I looking beyond just the reason for a visit but encouraging more comprehensive approach. Excellent. Yes?

AUDIENCE MEMBER

Maybe use of staff provider surveys in terms of satisfaction burnout levels? If improved communication is happening, generally we see burnout reduced.

ARVELLE BALON-LYON

Right. Right. So ask the team, how do they feel about it? Is there any suggestions for improvement, any other ideas or can I have a long conversation around already?

AUDIENCE MEMBER

Avoiding deficit driven behaviors. And yes. So if we talk with a start with a celebration of some kind or a joy or whatever, if the health care providers feel good about who they are and what they're doing, that actually trickles down to the patient clinician engagement that you can't buy. And so we've got a lot of folks talk about burnout, but we need to actually find...Mark used the word "joy." I talked about being confident about that whole dynamic. And so we need to think about this in a new way.

ARVELLE BALON-LYON

I love it. Yeah, love it. And I, you know, there's a lot of discussion already this morning around fostering you know, that communication that matters. You know, and, rekindles the team especially during these really trying times. So that's such a great and important

message. So for the Health Innovation Group, we do offer in collaboration with Doctor Eduardo Salas-- He's the Chair of the Department of Psychology at Rice University--a team training program. The team training program links back to all of the seven CS. And these are some of the tools that are practical tools that have been identified to support teams in their teamwork journey. Today, we only captured one very small tool that relates to coordination and communication and that's how to huddle, but you can pick up some more information if you're interested from us. I, if you want to connect with us further, you can take a picture of that QR Code. As I mentioned, we're part of Health Innovation Group. And we're so happy to be here as part of this event. So that is it. I'm gonna turn it over to our other colleagues. Any questions or comments?

AUDIENCE MEMBER

Thank you.