



Huddle Tip Sheet

What is it?

- A **Huddle** is a quick meeting designed to share important information.
- Huddles can be a positive mutual exchange of information needed to care for each resident.
- **Start and End of Shift Huddles** provide a consistent way to share information about each resident.
- Huddles can be done as a stand-up meeting or as room to room walking rounds and can
- include the charge nurse and CNAs together checking on each resident.

Why Huddle?

- A shift huddle reinforces teamwork and allows staff to hear about every resident so they can provide support to residents not on their assignment.
- Communication of essential information cannot be left to chance. When it is shared in a group, everyone hears EXACTLY the same information and can share what they know.
- Huddles provide opportunities for critical thinking and problem-solving together to ensure the best care for each resident.

Who Participates?

- Shift Huddles include nurses and CNAs working together by unit and shift.
- CNA's can share information for each resident on their assignment.
- It is helpful to have other disciplines join in to listen and share information that can help the team caring for residents. Other staff may add relevant information about that resident.
- It is good to also include housekeeping, social work, activities, and therapy or to huddle again quickly later in the shift when others can participate.

When to Huddle?

- Shift huddles should occur at the beginning and at the end of the shift.
- If there is a paid shift overlap, it can be 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 discussion.

How long are Huddles?

- Start and end of shift huddles should take no more than 15 minutes.
- In-the-moment huddles can often complete business in less than 5 minutes but may take longer.



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What is included in a Huddle?

Standing Agenda Items 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. INTERACTII *Stop and Watch* is an excellent tool to focus the end of shift exchange.
- Residents 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., pressure ulcers)
- **News from any department** requiring staff knowledge or coordination
- Introduction of and check-in with **new employees**

What are the Keys to Success?

- **Be on time**, this is a short meeting and needs to start and end on time.
- **Everyone** needs to be prepared to share.
- **Huddles should be supportive, not negative.** Provide mentoring to those nurses who need help on how to facilitate positive team building huddles.
- It is optimal to have the **support of nursing management** answering lights and meeting residents' needs while CNAs and the charge nurse are huddling so they can have uninterrupted time.
- **To be successful shift huddles have to be valuable to the participants.**