

Huddle Checklist & Feedback Form

Team Observed: _____ **Observer:** _____ **Date:** _____

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

CHECK THIS BOX IF HUDDLE DID NOT OCCUR

SET UP	
	Team meets in the assigned room
	All team members have space / a chair
PREP	
	Bring printed lists 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., Trainees reviewed charts/pre-rounded on patients scheduled for the day/week/next week; MSA reviewed schedule for glitches; pharmacy trainee 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 trivial/non-trivial fact (e.g., weekend plans, hobbies)
	Any systems or clinic issues to know about today? (e.g., several LVNs out today)
	Anyone on the team out / planning to leave early / upcoming vacation / rotating out of clinic (e.g., med residents alternate months)
HUDDLE CONTENT (order of discussion and team member leading each item is flexible)*	
Discuss patients scheduled for the day (LVN, RN, or Trainee leads)	
	LVN identifies which patients were contacted; Shares info obtained from the 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 @ check-in)
	Interprofessional practice partners (SW, MH , or Pharm) engage in discussion (e.g., ask if any patients are appropriate for a same day visit / warm handoff or collaborative visit, offer resources that could be helpful for patients, share information about patients familiar to them)
	MSA presents scheduling issues (e.g., trainee has several unfilled slots; a high-priority patient cancelled appointment for third time)
Discuss patients for upcoming weeks (LVN, RN, or Trainee 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 trainee will review scrub sheets and return with clear comments/directions to LVN or RN by end of day.
	MSA and other team members discuss any scheduling issues (e.g., trainee has patients scheduled on a day when he/she not in clinic; move patients erroneously 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 Trainees)	
	Discuss special needs required between visits (e.g., follow-up labs, post-discharge care coordination, med refills, narcotic renewals) (RN or Trainee)
	Discuss all hospitalized patients or recent discharges (RN or Trainee)
Other Items	
	Exchange paperwork (e.g., MSA collects documents for faxing, mailing; RN gives Trainees forms needing signatures)
	Check-in about upcoming shared medical appointments (group visits): recruitment, scheduling, reminders for patients (Trainees lead)
	Review Dashboard or other panel data (at least once per month) (RN or Trainee leads)
WRAP-UP	
	Coach gives feedback AND/OR 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 member and/or identifies places where these skills could have been used)

*Based on team member availability

HUDDLE STARTS AND STOPS ON TIME (if yes, check the box)

TURN OVER

List at least 1 specific feedback point (constructive or reinforcing) and any comments on team member interaction (e.g., Summarize Key Learning Points related to systems issues and improvements; clinical PEARLS; interprofessional collaboration / problem-solving; patient-centered care; Communication skills such as: closed-loop communication, check-back, ISBAR, role clarification, empathy, non-verbal communication)