

## **San Francisco VA Center of Excellence in Primary Care Education Huddle FAQs**

### **Is there prep time for huddles? How often do you meet? How long is the session? How did you choose the times?**

Huddles do require prep time on the parts of all team members. For example, the team MSA prints each huddle provider's schedule in advance of the huddle for the team RN to "scrub." For RNs (and sometimes LVNs), scrubbing involves ordering labs and care coordination. LVNs "sweep" before huddles, which involves calling the patient, documenting their reason for the upcoming visit, and reminding them to bring items suggested by the provider (medi-set, glucometer, blood pressure log, etc.). Trainees/providers review patient charts and identify topics for group discussion. Some team members have administrative time in their schedule to complete these tasks, while others fit them into their clinic schedule.

Each teamlet meets 1-2 times per week. Huddles last 15 minutes and are scheduled on providers' clinic days around patient slots, standing staff or trainee meetings, and competing huddle schedules. They largely occur in the beginning of a half-day before patient visits. We have made a conscious effort to schedule the huddles; typically taking a 30 minute return visit slot and breaking it into 15 minute increments; 15 min for huddle and 15 min for phone visits.

### **How many people's schedules are reviewed in 15 minutes?**

1-2 providers' schedules are reviewed in 15 minutes for the trainee panels. If the trainees consist of an MD and NP Practice partner, both schedules are covered during the huddle that day. Huddles for staff or faculty clinic providers cover only their panel during the huddle.

### **How many times does an individual teamlet RN care manager huddle in a half-day? How does care coordination happen if one RN care manager huddles with multiple teamlets?**

Team RN care managers huddle from 0-2 times per clinic half-day. This includes both huddles with trainees as well as huddles with attending providers. Trainee huddles typically occur in the mornings and care coordination subsequently occurs throughout the day. While a given teamlet is huddling, other teamlets are engaging in direct patient care and care coordination.

### **How does the team manage the time pressures/demands?**

Preparation on the parts of teamlet members, as well as structured forms, such as the Huddle Checklist, helps ensure that huddles occur as efficiently as possible. It has been especially important to have designated, regularly-occurring huddles so that all teamlet members and their fellow RN-, LVN-, and MSA-colleagues can anticipate and plan for their absence from other clinic duties during huddles times. Discussion during huddle of patients scheduled for the day, upcoming weeks, and

those who need care outside of a scheduled visit is intended to improve communication and coordination amongst teamlet members to decrease time pressures and demands in clinic.

### **Have you had to give up anything to spend time in huddles and preparing for the huddle?**

The main resource given up for huddles and their preparation is time. For providers, this represents the equivalent amount of time to a telephone follow-up slot. Some teamlet members, such as providers and RN care managers must fit their huddle preparation time into their schedules. Other teamlet members, such as LVN's and MSA's are provided some administrative time, some of which is spent preparing for upcoming huddles. Tasks during this time might include scrubbing the chart, notifying RN care managers of labs to order, calling patients to remind them of appointments or elicit their agenda, or scheduling patients.

### **Who is there?**

Trainee huddles include two trainee provider "practice partners" (typically one medical resident and one nurse practitioner trainee), the teamlet RN care manager, LVN, and MSA, and the designated huddle coach. Even richer, more interprofessional huddles may also include a psychology fellow, social work intern, pharmacy intern, or dietetics intern, depending on clinic availability. "Practice partners" refer to trainee providers (medical residents and nurse practitioner students or residents) who have independent patient panels, but together share a PACT teamlet and a larger combined patient panel. Attending provider huddles usually consist of the provider and their PACT teamlet (RN, LVN, MSA), but may include other interprofessional trainees or staff if requested.

### **How do you get everyone to show up? How do you coordinate interprofessional schedules?**

Due to time pressures and demands on busy clinic days, gathering all teamlet members during designated huddle times can pose a challenge. Assigning huddle coaches to assist with this task has been an effective method of ensuring timeliness and full attendance at huddles. It is crucial to have a master, easily-accessible, clinic-wide huddle schedule to ensure reliable huddle attendance. As all PACT teamlets and many interprofessional trainees and staff huddle with several providers throughout the week, the huddle schedule must take into account these competing demands. The schedule must also be updated throughout the year according to interprofessional calendars. This requires consistent communication between clinic administration and interprofessional faculty leadership.

### **Do psychologists and social workers participate in the huddle? How do we get our facility to incorporate other learners into our medical resident clinic (Pharm, NP, SW, etc.)?**

Depending on interprofessional schedules and clinic demands, psychology, social work, pharmacy, and dietetics trainees and staff do participate in huddles. We especially aim to include as many interprofessional trainees as possible. As discussed above, coordinating interprofessional schedules

presents a challenge to ensuring this aim and requires consistent communication between clinic administration and interprofessional faculty leadership. Incorporation of other interprofessional trainees is challenging, but it is helpful if they have a scheduled time and place to be at the huddle. It is important to have clinic and facility leadership buy in to the concept of huddling as a way to improve communication and access. One mechanism by which VAs across the country get qualified talented interprofessional staff is offering them training at VAs. In order to get buy-in Academic leads should point this out to VA Medical Centers reluctant to introduce interprofessional trainees into the clinic. The Office of Academic Affiliations has funding available that may help support this endeavor.

### **Academic PACT teams are too large to be very productive. How large can a huddle get before it starts to get unwieldy?**

We have found that in a 15-minute huddle it is reasonable to include two provider practice partners, their shared PACT teamlet (RN, LVN, MSA), the huddle coach, and 1-2 interprofessional colleagues. This allows enough time for the group to personally check in, go over each providers' schedule for the day, and look ahead to the patients scheduled the following week, all the while incorporating the input and perspectives of each member of the huddle. If only one provider is present, this also may allow time for some brief panel management. Especially as huddles are developing, it is helpful to use a Huddle Checklist to manage their efficiency and content.

### **What space do you use?**

Huddles usually occur in one of the huddling providers' clinic rooms. It is important for this room to be designated by the PACT team as a regular location and included on the clinic-wide huddle schedule. The huddle coach may be responsible for ensuring that all huddle members are aware of this location. They may also assist with gathering enough chairs or arranging the room to accommodate all team members. To "flatten the hierarchy," we often encourage huddles to gather in the nurse practitioner trainee, rather than the medical trainee's room, with the NP trainee at the computer. This simple change has improved collegiality within the teamlet.

### **Do other people lead the huddles or does the "leading" rotate to all teamlet members?**

Team dynamics and individuals' strengths will play a role in determining which team member leads each huddle. Most commonly LVN's lead huddles because they have both scrubbed the charts and called patients in anticipation of the day's appointments. They are often the most knowledgeable in terms of expectations and challenges for the team to anticipate for the day. The huddle coach may elicit from the team who and how they would like to lead their huddle early in the year and check in periodically thereafter. It is important for individual huddles to establish a consistent leadership model that best suits their team. Alternatively you may find other natural leaders or shared leadership models depending on the tasks of the day.

### **How many coaches do you have and how often does a teamlet get coached?**

We have one huddle coach designated for each trainee provider huddle. These coaches are all COE faculty members and attendings in the clinic. Ideally trainee huddles get coached during every huddle. We do not have huddle coaches for attending provider huddles.

### **What are factors that contribute to engagement?**

Team engagement in huddles is multifactorial. As emphasized earlier, ensuring that huddles occur in their designated time and place will contribute to engagement early- on and making sure they are a valuable use of everyone' time later in the year is also critical. Both individual and team factors also contribute heavily. Individual factors include leadership and communication skills and depend upon staff development and trainee education. For example, trainees attend educational sessions throughout the year devoted to managing conflicts, giving and receiving feedback, closed-loop communication, and handoffs. Experienced staff members also serve as excellent huddle leaders and experts. Team factors include trust, cooperation, clear communication, sharing of information, delegation of problem-solving tasks, and established team values and goals. Each trainee huddle teamlet participates in a team-building retreat at the beginning of each calendar year to explore and improve upon these factors. Using a Huddle Checklist with clearly designated roles and responsibilities helps set expectations in terms of engagement in huddle. Beginning each huddle with personal "check-ins" fosters team member familiarity and serves as a weekly "icebreaker." Finally, the huddle coach is a crucial factor in promoting interprofessional huddle engagement and team communication. The huddle coach may teach or demonstrate particularly successful aspects of huddles that already contribute to engagement, or may point out areas for improvement.

### **Is it difficult to get past "scripted" huddles? How long does it take for that to happen?**

The Huddle Checklist does provide a "script" for huddles, particularly early on in their development. Usually after 1-2 months of regular huddling and especially after a team-building retreat, huddles tend to become more individualized to the team and its members. As roles, responsibilities, team goals and communication preferences are realized; huddles may evolve in terms of leadership, content, and sequence. This allows huddles to work on more complex tasks, such as panel management, quality improvement, or root-cause analysis.

### **What if you have a deeper issue in a team, what are methods to improve?**

To improve huddles, huddle coaches address team conflicts or other issues during the huddle with the team or after the huddle with individual team members. The huddle coaches also advocate for their assigned huddle team with clinic administration and faculty leadership. The coach may ascertain a conflict or barrier during huddle and may elicit these issues during periodic huddle debriefs. The coach reviews team development evaluations completed by the huddle team members with the team to enhance communication and give supportive feedback. If a problem with

interpersonal dynamics or communication is observed in a huddle, there is likely a problem with the team- this speaks to the importance of high-quality huddle coaching and giving feedback.

**How do you integrate the patient and family into the team?**

An important step completed in preparation for huddles each week is a phone call to the patient by the PACT LVN to elicit the agenda for their upcoming provider appointment. LVN's communicate these agenda items during huddle and the provider and PACT team brainstorm ways to realize each patient's individual needs and preferences before the visit. The team also discusses any pertinent communication related to the visit that is received from the patient via secure messaging, phone calls or patient records received by other providers.