

Utilizing Huddles to Improve Team-Based Care

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Doing Today's Work Together

The huddle is a regular, brief, structured meeting designed to foster communication among members of a health care team to address planning and coordination to improve clinical workflows. They also offer unique opportunities to identify resources to meet patient needs, such as timely follow-up for patients with chronic diseases like **hypertension** and **diabetes**.

A Hub for Team Communication

Communication in healthcare is essential for patient safety, patient satisfaction, care continuity, and efficiency.¹ Both patients and care teams benefit when communication improves. One study found that daily communication resulted in less in-hospital days and lower health care costs for patients with diabetes while improving the work environment of team members.²

Team-Based Care

Team-based care requires shared goals, clear roles, effective communication, mutual trust, and measurable processes and outcomes.³ The huddle provides a structured environment to meet these requirements. Team leaders must build trust and encourage communication by providing safe conditions for interactions within the team.

Providers and managers can use the huddle to promote psychological safety by encouraging others to participate in the following ways:⁴

- Invite input from all team members
- Encourage team members to contribute
- Promote active listening and learning from each other
- Acknowledge the limits of their own knowledge
- Provide positive reinforcement and framing failures as learning opportunities

Huddles also support team-based care by clarifying the following behavioral boundaries for team members to improve their work:⁵

- How and when to get help from team members during a workflow problem
- How to handle errors
- How to respond when work demand is high or resources are low



Types of Huddles

The attendees, timing, and agenda of these meetings vary according to huddle type.

Teamlet Huddles

The teamlet is a small team, typically consisting of a clinician and a medical assistant, that consistently works together caring for a panel of patients.^{3,4,6} During a teamlet huddle, the medical assistant and clinician review the schedule in order to prepare for patient needs that day. Table 1 outlines the attributes of a teamlet huddle.

Table 1. Teamlet Huddles

| ATTENDEES | TIMING | AGENDA |
|---------------------------------|--|---|
| Medical assistant | Prior to huddle for up to one hour per provider | Carefully review the chart looking for chronic and preventative care gaps ⁷ |
| Clinician and medical assistant | Prior to patient care session (at least daily) for 5-15 mins | Anticipate needs of the patient and team: <ul style="list-style-type: none">▪ Fill care gaps (lab tests, immunizations, screening procedures)▪ Identify patient needs due to age, disability, or language barrier▪ Prepare for scheduled procedures▪ Prepare patient (shoe removal for a diabetic foot exam)▪ Provide patient questionnaires (PHQ-9, Asthma Control Test)▪ Update chart with recent events (ER visit, hospitalization)^{8,9} |

Staff Huddles

Some practices hold all staff huddles (Table 2), while other offices use a more targeted approach with a variety of huddles attended by different team members (Table 3).^{10,11}

Table 2. All Staff Huddles

| ATTENDEES | TIMING | AGENDA |
|--|---------------------|---|
| Clinicians Clinical support staff Front office staff Practice leaders <i>Additional team members if available:</i> Behavioral health clinicians Care coordinators Pharmacists Social workers | Daily for 5-15 mins | <ul style="list-style-type: none">▪ Available appointments▪ Equipment and supply issues▪ Staffing▪ Workflow changes Other potential items <ul style="list-style-type: none">▪ Announcements and information, such as upcoming schedule changes▪ Team input and review of safety and quality concerns/successes⁹ |

Table 3. Targeted Huddles

| ATTENDEES | TIMING | AGENDA |
|---|--------------------|---|
| Clinicians and front office staff | Weekly for 10 mins | <ul style="list-style-type: none">▪ Describe goals to improve care▪ Review upcoming schedule for changes to improve patient experience and workflow▪ Share appreciation for front office role |
| Behavioral health and other clinicians | Daily for 5 mins | <ul style="list-style-type: none">▪ Plan for behavioral needs of patients on the schedule |
| Clinicians and registered nurse (RN) care manager | Daily for 5 mins | <ul style="list-style-type: none">▪ Manage care coordination/care management needs of patients on the schedule |
| Clinic leadership <ul style="list-style-type: none">▪ Behavioral health clinicians▪ Front and back office staff leads▪ Medical director(s)▪ Practice manager(s)▪ Nurse(s) | Daily for 15 mins | <ul style="list-style-type: none">▪ Discuss overall clinical operations▪ Examine patient access issues▪ Review staffing concerns |

Huddles and Telemedicine

The COVID-19 pandemic resulted in a dramatic increase in telemedicine visits.¹² Many practices have adapted huddles and other team-based care activities to the evolving healthcare environment. For example, off-site telemedicine providers can attend huddles virtually. Telemedicine also offers opportunities to meet patient needs, provide better access to behavioral health services, and overcome transportation barriers.¹³ Huddles are an ideal way to identify these needs and prepare to meet them as a team.



Keys to Success

Although huddles help teams communicate and provide team-based care, implementing them can be challenging. The following strategies can guide health care teams in implementing successful huddles.

Value: The benefits of huddles must be clearly understood for teams to put in the additional work. Benefits of huddles include opportunities for better communication and planning, such as patient access, patient encounters, staffing, and challenges that might arise during a busy day.



Time: Quality improvement efforts such as huddles must accommodate current workloads and schedules.¹⁴ Teams should determine huddle timing and duration that accomplish team goals without disrupting the day's work.



Buy-in: Huddles should be designed by those who will participate in them.¹⁰ Primary care providers were both least likely to huddle and most likely to influence huddling practices of other team members.² Therefore, huddles will be most successful if the providers' huddle preferences are taken into account. Team members participating in huddles reported better practice climate and work satisfaction than their counterparts who did not attend huddles.¹⁰



Implementation strategy: Huddles require preparation and leadership to share pertinent information efficiently. For example, administrative staff may review the day's schedule and report on limited available appointments, while a provider may anticipate patient needs and expectations to maximize use of available schedule slots and alternative patient interactions such as virtual visits or phone calls. During the huddle, a designated leader focuses the discussion on the day's work and encourages input from all team members to promote consistency and improve the team's culture.⁸



Additional Resources

The following resources are available to begin or improve team huddles in your practice.

■ Huddles-Getting on Your Best Game

Video on huddles from Heart of Virginia Healthcare, Agency for Healthcare Research and aQuality EvidenceNOW Initiative
screencast.com/users/chsresults/folders/HVH%20Maintenance%20Videos/media/55047a3d-e579-4651-b46f-d0fc5d1c6fb0

■ Healthy Huddles

University of California San Francisco Center for Excellence in Primary Care resource that includes an exercise for teams to design a huddle process that meets their needs.
cepc.ucsf.edu/healthy-huddles

■ Daily Team Huddles

American Medical Association Steps Forward™ guide that outlines how to begin and improve huddles over time.
edhub.ama-assn.org/steps-forward/module/2702506

■ Huddles

Institute for Healthcare Improvement resource on daily huddles.
ihi.org/resources/tools/huddles

Access Cardi-OH's Expanded Resources

■ Hypertension Management: Tips for Telehealth

cardi-oh.org/resources/hypertension-management-tips-for-telehealth

■ Joy in Work: Redesigning Clinical Care with Outcomes in Mind

cardi-oh.org/resources/joy-in-work-redesigning-clinical-care-with-outcomes-in-mind

■ Opportunities to Improve Hypertension Care Systems

cardi-oh.org/resources/opportunities-to-improve-hypertension-care-systems

■ Optimizing the Telehealth Diabetes Visit: Glucose Monitoring Data

cardi-oh.org/resources/optimizing-the-telehealth-diabetes-visit-glucose-monitoring-data

References:

1. Vermeir P, Vandijck D, Degroote S, et al. Communication in healthcare: a narrative review of the literature and practical recommendations. *Int J Clin Pract*. 2015;69(11):1257-1267. doi:10.1111/ijcp.12686.
2. Rodriguez HP, Meredith LS, Hamilton AB, et al. Huddle up!: the adoption and use of structured team communication for VA medical home implementation. *Health Care Manage Rev*. 2015;40(4):286-299. doi:10.1097/HMR.0000000000000036.
3. Agency for Healthcare Research and Quality. Creating Psychological Safety in Teams: Handout. <https://www.ahrq.gov/evidencenow/tools/psychological-safety.html>. Published 2018. Accessed August 11, 2020.
4. Mitchell P, Wynia M, Golden R, et al. Core Principles & Values of Effective Team-Based Health Care. Discussion Paper, Institute of Medicine, Washington DC. <https://nam.edu/wp-content/uploads/2015/06/VSRT-Team-Based-Care-Principles-Values.pdf>. Published 2012. Accessed August 23, 2021.
5. Mundt MP, Agneessens F, Tuan WJ, et al. Primary care team communication networks, team climate, quality of care, and medical costs for patients with diabetes: a cross-sectional study. *Int J Nurs Stud*. 2016;58:1-11. doi:10.1016/j.ijnurstu.2016.01.013.
6. Bodenheimer T, Willard-Grace R. Teamlets in primary care: enhancing the patient and clinician experience. *J Am Board Fam Med*. 2016;29(1):135-138. doi:10.3122/jabfm.2016.01.150176.
7. Sinsky CA, Sinsky TA, Rajcevic E. Putting pre-visit planning into practice. *Fam Pract Manage* 2015;22(6):34-38. <https://pubmed.ncbi.nlm.nih.gov/26761083/>
8. Yu E. American Medical Association, Society of General Internal Medicine. Steps Forward Module: Daily Team Huddles. <https://edhub.ama-assn.org/steps-forward/module/2702506>. Published 2015. Accessed August 11, 2021.
9. Institute for Healthcare Improvement: Patient Safety Essentials Toolkit: Huddles. https://www.ihi.org/sites/default/files/SafetyToolkit_Huddles.pdf. Published 2019. Accessed January 17, 2024.
10. UCSF: Center for Excellence in Primary Care. Healthy Huddles. <https://cepc.ucsf.edu/healthy-huddles>. Published 2013. Accessed April 20, 2021.
11. Tseng A. Huddling up: expanding clinic huddles. *Ann Fam Med*. 2017;15(6):584. doi:10.1370/afm.2156.
12. Demeke HB, Merali S, Marks S, et al. Trends in Use of telehealth among health centers during the COVID-19 pandemic — United States, June 26–November 6, 2020. *MMWR Morb Mortal Wkly Rep*. 2021;70(7):240-244. doi:10.15585/mmwr.mm7007a3.
13. American Medical Association. Telehealth Implementation Playbook. <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>. Published 2020. Accessed June 16, 2021.
14. Goldmann D, Institute for Healthcare Improvement. 7 Rules for Engaging Clinicians in Quality Improvement. <https://www.youtube.com/watch?v=831mdPYGouo&t=275s>. Published 2014. Accessed May 16, 2021.

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