

The Huddle Meeting Role Play

Quick Summary

This activity introduces the huddle meeting, a weekly unit “stand up” session where staff can identify residents with subtle changes before they lead to serious problems. Select three volunteers to read the scripted roles (Leader, CNA 1 and CNA 2) for the huddle meeting. After completing the role play, examine the relationship between risk factors and interventions by following the Discussion Guide and using the laminated Predictors of Risk & Risk Factors Guide. Reinforce the concept that every staff member is critical to promoting residents’ health.

Target Audience

Direct care staff and leadership team

Time Required

15 minutes

Teaching Tools

- Huddle Meeting Role Play Script (1 master copy & 3 role-specific copies)
- Laminated Predictors of Risk & Risk Factors Guide
- Write-on/wipe-off markers

Activity Goals

- Model the huddle meeting process
- Introduce predictors and risk factors that are critical to preventing negative resident outcomes (including pressure ulcers)
- Set the stage for huddle implementation

Discussion Guide

After the role play, show the volunteers the laminated Predictors of Risk & Risk Factors Guide and ask them to define the predictors and relate them to the risk factors using the visual display.

Mrs. Marks’ Predictors:

Change in mobility and amount of care needed, and change in mood

Risk factors: Pressure ulcers, other (depression)

Potential risk: Weight loss, falls, injury

Investigate risks: Acute medical change, urinary infection

By identifying risk factors early in her condition change, what updates to Mrs. Marks’ care plan would you recommend?

The Huddle Meeting Role Play

Discussion Guide (continued)

- Encourage repositioning while in bed
- Increase skin assessments
- Perform weekly weight checks
- Provide social worker/chaplain/psychiatric visits, as appropriate
- Involve her family
- Encourage her to attend activities outside of her room

With appropriate interventions, this episode can be resolved without negative outcomes, such as pressure ulcers or weight loss from a depressive state.

Mr. Thomas' Predictors:

Change in elimination, change in amount of care needed, change in mobility and change in eating/drinking

Risk factors: Pressure ulcers, weight change, acute medical change

Potential risk: Falls, injury

Investigate risks: Other (depression), urinary infection

By identifying risk factors early in his condition change, what updates to Mr. Thomas' care plan would you recommend?

- Obtain orders for barrier cream and anti-diarrheal medications
- Offer increased fluids
- Focus on turning and positioning of a resident who usually repositions himself
- Increase skin assessments
- Monitor intake

With appropriate interventions, pressure ulcers can be avoided. It is critical to begin preventive care as soon as a change of condition is noted.

At the close of this activity, share details about your new huddle meetings with staff.

The Huddle Meeting Role Play

Master Copy Script

Leader: In our weekly huddle we want to think about any residents that have changed in the past week. You know your residents best, and by identifying concerns early, we can positively impact resident care. So let's get started. Have any residents needed more assistance with ADL care in the past week?

CNA 1 (Linda): Mrs. Marks has slept in for the past 3 mornings, requested assistance with dressing and decided not to get out of bed at all today.

Leader: Why do you think she has had this change?

CNA 1 (Linda): Well, she told me this morning that her lifelong friend had died last month and her son hadn't told her about it. She feels that he didn't think she could handle knowing about her death. Mrs. Marks just learned about it a few days ago from a church friend.

Leader: Thanks Linda. That is certainly a concern for her. I will ask the social worker to talk with her. Does anyone else have a resident needing more help?...*(Pause)*...The next question to consider is: Does anyone have any residents with a change in elimination/incontinence?

CNA 2 (John): I think Mr. Thomas might be starting with that stomach bug. Night shift reported that he was incontinent with two diarrhea stools, and he has already had two more for me today. He didn't eat breakfast, and the nurse and I decided to leave him in bed.

Leader: Let's make sure that we offer him extra fluids and keep him repositioned in bed. Does he use a barrier cream already?

CNA 2 (John): No, he usually is continent with assistance but is now requiring total pericare.

Leader: Thanks John. I will follow up with the nurse to obtain an order for barrier cream. Are there any other residents with diarrhea?

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Leader Script

Leader: In our weekly huddle we want to think about any residents that have changed in the past week. You know your residents best, and by identifying concerns early we can positively impact resident care. So let's get started. Have any residents needed more assistance with ADL care in the past week?

CNA 1 (Linda): Mrs. Marks has slept in for the past 3 mornings, requested assistance with dressing and decided not to get out of bed at all today.

Leader: Why do you think she has had this change?

CNA 1 (Linda): Well, she told me this morning that her lifelong friend had died last month and her son hadn't told her about it. She feels that he didn't think she could handle knowing about her death. Mrs. Marks just learned about it a few days ago from a church friend.

Leader: Thanks Linda. That is certainly a concern for her. I will ask the social worker to talk with her. Does anyone else have a resident needing more help?...*(Pause)*...The next question to consider is: Does anyone have any residents with a change in elimination/incontinence?

CNA 2 (John): I think Mr. Thomas might be starting with that stomach bug. Night shift reported that he was incontinent with two diarrhea stools, and he has already had two more for me today. He didn't eat breakfast, and the nurse and I decided to leave him in bed.

Leader: Let's make sure that we offer him extra fluids and keep him repositioned in bed. Does he use a barrier cream already?

CNA 2 (John): No, he usually is continent with assistance but is now requiring total pericare.

Leader: Thanks John. I will follow up with the nurse to obtain an order for barrier cream. Are there any other residents with diarrhea?

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CNA 1 Script

Leader: In our weekly huddle we want to think about any residents that have changed in the past week. You know your residents best, and by identifying concerns early we can positively impact resident care. So let's get started. Have any residents needed more assistance with ADL care in the past week?

CNA 1 (Linda): Mrs. Marks has slept in for the past 3 mornings, requested assistance with dressing and decided not to get out of bed at all today.

Leader: Why do you think she has had this change?

CNA 1 (Linda): Well, she told me this morning that her lifelong friend had died last month and her son hadn't told her about it. She feels that he didn't think she could handle knowing about her death. Mrs. Marks just learned about it a few days ago from a church friend.

Leader: Thanks Linda. That is certainly a concern for her. I will ask the social worker to talk with her. Does anyone else have a resident needing more help?...*(Pause)*...The next question to consider is: Does anyone have any residents with a change in elimination/incontinence?

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Leader: Let's make sure that we offer him extra fluids and keep him repositioned in bed. Does he use a barrier cream already?

CNA 2 (John): No, he usually is continent with assistance but is now requiring total pericare.

Leader: Thanks John. I will follow up with the nurse to obtain an order for barrier cream. Are there any other residents with diarrhea?

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CNA 2 Script

Leader: In our weekly huddle we want to think about any residents that have changed in the past week. You know your residents best, and by identifying concerns early we can positively impact resident care. So let's get started. Have any residents needed more assistance with ADL care in the past week?

CNA 1 (Linda): Mrs. Marks has slept in for the past 3 mornings, requested assistance with dressing and decided not to get out of bed at all today.

Leader: Why do you think she has had this change?

CNA 1 (Linda): Well, she told me this morning that her lifelong friend had died last month and her son hadn't told her about it. She feels that he didn't think she could handle knowing about her death. Mrs. Marks just learned about it a few days ago from a church friend.

Leader: Thanks Linda. That is certainly a concern for her. I will ask the social worker to talk with her. Does anyone else have a resident needing more help?...*(Pause)*...The next question to consider is: Does anyone have any residents with a change in elimination/incontinence?

CNA 2 (John): I think Mr. Thomas might be starting with that stomach bug. Night shift reported that he was incontinent with two diarrhea stools, and he has already had two more for me today. He didn't eat breakfast, and the nurse and I decided to leave him in bed.

Leader: Let's make sure that we offer him extra fluids and keep him repositioned in bed. Does he use a barrier cream already?

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Leader: Thanks John. I will follow up with the nurse to obtain an order for barrier cream. Are there any other residents with diarrhea?