

# The Huddle Meeting Summary

## Understanding The Huddle

During the weekly 5-minute unit meeting, staff can:

1. Identify residents with subtle changes before they lead to serious problems, and
2. Be proactive in improving resident health and avoiding negative outcomes.

Often direct care staff is overlooked when risks are identified. Leadership learns of a resident's decline when other issues emerge (e.g., pressure ulcers, weight loss, urinary tract infection/septicemia, etc.). Weekly focused interviews with nurses, CNAs, and other direct care staff encourage increased awareness of the importance of noting and reporting subtle changes. In turn, staff will feel an integral part of the team.

## What to Say to Staff...

"Identifying the slightest change in residents can help us prevent serious issues. As their primary caregivers, you know our residents best. Think of the residents on your unit who have declined in the past week, even if you do not provide their daily care. Who displayed a change in...?"

- ✓ **Eating/drinking**
- ✓ **Elimination**
- ✓ **Mood/behavior**
- ✓ **Alertness/confusion**
- ✓ **Mobility**
- ✓ **Amount of care needed/requested**

Any idea why? Have you observed anything else?"

## Pre-Meeting Considerations

- Schedule a consistent day and time each week to gather unit staff
- Consider alternating schedules for day shifts, evening shifts and night shifts

Examples:

- o First and third Tuesdays at 2:00 p.m.
- o Second and fourth Tuesdays at 3:30 p.m.
- o Fifth Tuesdays at 6:30 a.m.

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## Pre-Meeting Considerations (continued)

- Designate a leader for each unit huddle
- Be prompt and stay focused on residents
- Acknowledge other issues but defer discussion for a later time
- Explain process and goals of meeting prior to first unit huddle
- Share success stories with staff when residents benefit from interventions

Example:

- o A resident who had Norovirus, diarrhea and a decreased PO intake stayed in bed. He received interventions to help alleviate these issues, including greater repositioning, a change in barrier cream and an increase in fluids. During this acute illness, he did not develop any pressure ulcers and has since returned to baseline.

## Focused Follow Up

- Log all concerns expressed on the Risk Tracking Tool
- Investigate all concerns identified by staff and be prepared to discuss at the at-risk meeting
  - o Talk with the resident
  - o Discuss with other shifts?
  - o Discuss with family?
  - o Review labs?
- Bring information to at-risk meeting and be prepared to discuss findings and investigate risk factors
- Document completion date on Risk Tracking Tool