

PERFORMANCE HUDDLE IN NCHS HEALTH FACILITIES

(NATIONAL CATHOLIC HEALTH SERVICE)



OVERVIEW

Enhancing Teamwork and Accountability for an Improved Healthcare

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OBJECTIVES

1. Develop the ability to effectively execute Huddle in the Hospital. This includes promoting, implementing and leading the Hospital's Huddle.
2. Recognize the importance of Huddle methodology in problem prevention, problem resolution, performance improvement, patient and staff satisfaction, team building, communication and patient safety.
3. Learn how to use Huddle for Patient Safety Team building, Improved Communication and Quality Improvement.

WHAT IS PERFORMANCE HUDDLE?

Definition: A Huddle is a quick meeting of a functional group to set the day/shift in motion. Huddle has a primary operational focus, e.g. on patient safety. It is interdisciplinary and includes Clinical, Nursing, Diagnostics, Paramedical, Administrative and Housekeeping Units.

It is a solution-focused circle of representatives from different job classification or departments dedicated to making positive changes within very short time frames to improve interdisciplinary teamwork and patient care.

Purpose: The purpose of the performance huddle is to ensure that clear and effective communication related to operations and patient care takes place in a timely and efficient manner.

Huddles provide avenue for Quick and reliable information on supplies and staff; Team awareness of issues on technology and patient care; Classification of issues and quick transfer of information; Problem solving (quick hits and complex issues); and Announcements.

It provides standardized systems and opportunity for feedback, on-going learning and change. Huddle improves situational awareness (collective understanding of the state of operations) and also facilitate managing by prediction and robust plans for the expected and unexpected.

MAIN COMPONENTS OF HUDDLE

- Give Information
- Hear others' information
- Have opportunity to help

BENEFITS

1. Quickly resolves and prevents problems
2. Increase in staff engagement, satisfaction and retention
3. Enhance provision of care
4. Develops outstanding interdisciplinary teams
5. Drives accountability throughout organisational culture
6. Promotes excellent communications throughout organization
7. Develops leadership and critical thinking skills
8. Excellent performance improvement process
9. Addresses 3-Quality Values (Patient-focused care, Agility, Systems perspective)

HUDDLE VS. MEETING

Huddle	Meeting
No Agenda	Agenda
No minutes –track commitments	Minutes usually taken
Fast (average 10 – 15 minutes)	Typically much longer
Shared leadership model	Often defined leadership
Focused on collaborative support	Focused on specified business needs
Based on “ensemble” concept	Often multiple agendas
Two-dimensional process(task/relationship)	One-dimensional(task)
All participants involved	Sometimes dominated by a few participants
Informal structure and setting	Generally formal structure and setting
Participants rotate attendance(based on representation)	Usually the same members
All levels involved in process(high engagement)	Typically management dominated

KEYS TO SUCCESS

1. Organisational culture that values and promotes empowerment, collaboration, accountability, and service excellence
2. Management support and involvement
3. Motivated and supported champions
4. Participant accountability
5. Recognition that this is an ongoing process, not a program

STRUCTURE

- 1.0 Participants /departments (including clinical, support and Management) identified
- 2.0 Time for huddle fixed
- 3.0 It is a standing activity
- 4.0 Permanent venue
- 5.0 Mainly departmental heads
- 6.0 Each member is given maximum time of 1 min to make presentation
- 7.0 Everybody is regarded as an equal
- 8.0 A moderator selected (not a management member)
- 9.0 A recorder is selected
- 10.0 Daily attendance is taken
- 11.0 Tracking of Accomplishment.
 - 11.1 Process Measures:
 - 11.1.1 Daily Attendance;
 - 11.1.2 Time spent per huddle;
 - 11.1.3 Issues reported at Huddle; and
 - 11.1.4 Number of Huddles held
- 12.0 Outcome Measures:
 - 12.1.1 Issues resolved through huddle; and
 - 12.1.2 Improvements undertaken as a result of Huddle
- 13.0 Driver Diagram: A tool to help organize and display our theories and ideas in an improvement project
- 13.1 It guides us to develop changes that could possibly lead to improvement

ROLES & RESPONSIBILITIES

A. Senior Management

- Select and support “champions” of the huddle process.
- Determine where to pilot the huddle, evaluate results, and develop expansion plans.
- Promote the huddle methodology within the organization.
- Periodically attend the huddle as a participant.

B. “Champions”

- Responsible for effective implementation of the huddle.
- Ensure the “integrity” of the huddle process is maintained. This includes consistent attendance of participating departments or job classifications, commitments being met and noted on huddle tracking form, and respectful collaboration is taking place.
- Assume the role of huddle facilitator during the start-up while assisting others to become comfortable filling this role.
- Communicate with senior management regarding the progress of the huddle, and any obstacles requiring intervention.

Guidelines for “champions” (Mediating conflict between huddle participants)

- 1) Remind participants to avoid finger pointing or blaming someone for the problem, this is counter to the collaborative process
- 2) Bring the discussion to what needs to be done now, and how this will positively impact internal or external customer satisfaction.
- 3) Attain clear agreement on the specific actions that will be taken to resolve the issue.
- 4) Review the “ensemble” definition – unit or group of complimentary parts contributing to a single effect (customer needs are met)
- 5) If the conflict escalates to the point of compromising the integrity of the huddle, attain support from senior management.

C. Leader (filling for assistant champion)

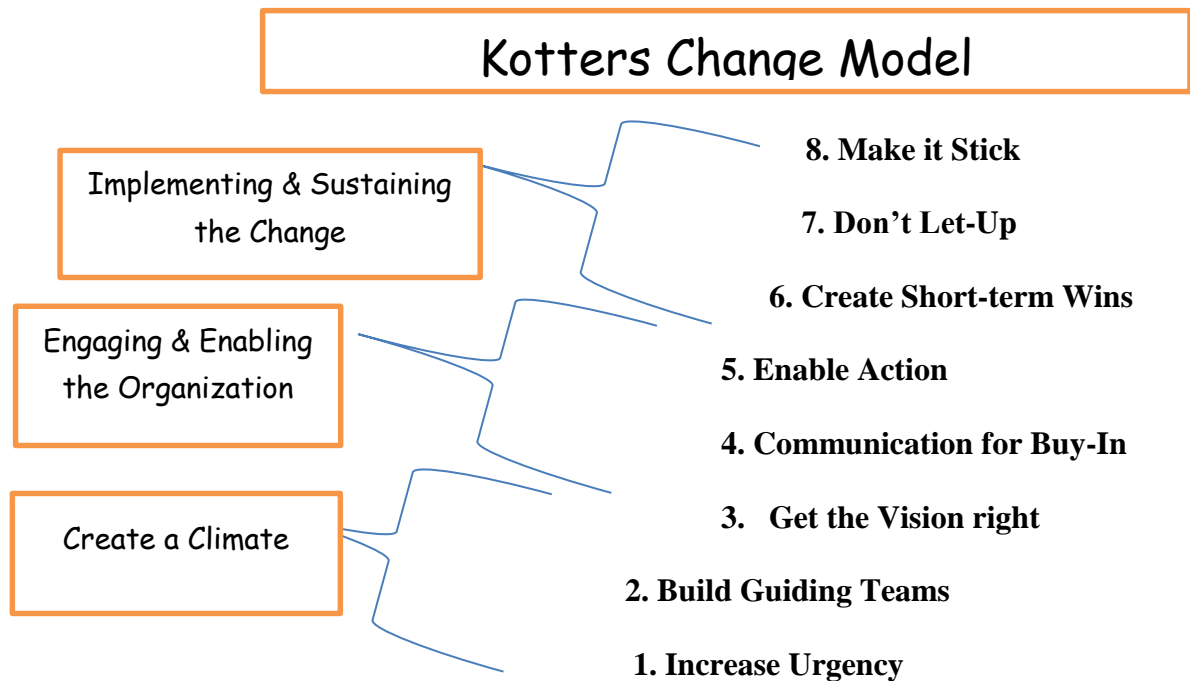
- Start the huddle on time, making a note of departments or job classifications not in attendance. This is communicated to the “champion” to ensure integrity process is maintained.
- Ensure all participants are involved, agreements are understood and recorded on tracking document, process moves quickly, and previous commitments are followed-through.

Note: Once the huddle matures, leadership can be rotated.

D. Participants

- Attend the huddle on time and serve as a representative of their department or job classification when required (participation can be rotated). Participants are accountable to find replacement when necessary.
- Ensure that other huddle participants (internal customers) receive support to resolve issues of concern, provide an explanation why a request cannot be met, and discuss alternative options (at times they may need to meet outside of the huddle or forward through the **PI** process)
- Communicate with members of their department (i.e. individuals they represent) on commitments made and important information shared at the huddle.
- Show respect for each other, recognizing that effective interdisciplinary collaboration builds strong teams and facilitates good patient/resident care.

INTRODUCING HUDDLE



Implementing Huddle requires planning, practice and change in culture

1.0 CREATE A CLIMATE

1.1 Vision:

1.1.1 Get it right

1.1.2 Share all Information

1.2 Communicate for buy-in:

1.3 Presentations to meetings

1.4 Informal interactions

2.0 ENGAGING & ENABLING THE ORGANIZATION

2.1 Enable Actions & Quick Wins:

- 2.1.1 Successes promoted through meetings
- 2.1.2 Huddles feedback
- 2.1.3 Provide momentum
- 2.1.4 Marginalize dissenters

3.0 IMPLEMENTING AND SUSTAINING THE CHANGE

3.1 Don't Let-up:

- 3.1.1 Resilience – get your team around you.
- 3.1.2 Target the negatives by engaging with them
- 3.1.3 Push harder
- 3.1.4 Represent your values

3.2 Make it stick:

- 3.2.1 Seek feedback from everybody everyday
- 3.2.2 Formal and informal
- 3.2.3 Keep people feeling part of it?
- 3.2.4 Push your successes hard
- 3.2.5 Make it integral

PERFORMANCE HUDDLE IN ACTION

STEP 1:

The champion/leader starts the huddle by going in rotation and asking, “Do you have issues requiring support from any huddle member(s), or updates that huddle members may benefit from (problem solving)?”

STEP 2:

Issues raised requiring action by another member of the huddle must be responded to. The communication can be acknowledgement that the problem will be resolved as requested, a “negotiated” solution, an explanation why concern cannot be resolved, or the decision to review outside the huddle or through another process (PI committee). The champion needs to enforce the “two-minute rule”. If the issue is not resolved within two minutes, the champion will ask the concerned participants to discuss the issue outside the huddle, and bring back their solution to the next huddle (either personally or through a representative).

STEP 3:

Continue step 2 until all participants have had the opportunity to put forward issues requiring assistance, or provide updates.

STEP 4:

If a participant has no problems to raise, or no relevant information to share, say “I have no issues and no updates”.

STEP 5:

Prior to ending the huddle, the champion asks “Any outstanding issues from a previous huddle requiring attention? If not, the huddle ends.”

STEP 6:

Participants must communicate with colleagues that they represent, any commitments made at the huddle, and updates of importance.

STEP 7:

The champion makes a note of commitments made on the huddle tracking form (attached)

STEP 8:

The “champion(s)” communicate monthly with senior management on the progress of the huddle, ensuring accountability.



Figure 1: A Huddle Session Held at the Catholic Hospital, Battor

BUILDING ACCOUNTABILITY

The Hospital Huddle requires all participants to step into accountability and respond to internal customer requests for support, thus facilitating optimum patient and staff satisfaction.

Steps to Accountability

(ABOVE THE LINE)

10. DO IT
9. SOLVE IT
8. OWN IT
7. SEE IT

(BELOW THE LINE – Victim Cycle)

6. WAIT & SEE
5. COVER YOUR TAIL
4. CONFUSION AND TELL ME WHAT TO DO
3. FINGER POINTING
2. IT'S NOT MY JOB
1. IGNORE/DENY

EFFECTIVE COMMUNICATION

- I. Communicate your need specifically, including timeframes, showing respect at all times.
Example: “STAT medication orders need to be picked up every 5 minutes on unit 3W. How can this problem be resolved?”
- II. The actual words you use are not as important as your body language and tone of your voice.
- III. To communicate effectively you must first listen carefully and understand the needs of your internal customers. Paraphrase when necessary “Are you saying that the process for cleaning the patient/resident rooms on unit 2E is taking too long?” then listen to ensure you understood the original language.
- IV. Active listening requires that you:
 - ✓ Stop talking
 - ✓ Put the speaker at ease
 - ✓ Be attentive (no distractions)
 - ✓ Put yourself in the speaker’s shoes
- V. To send a nonverbal message that you are listening:
 - ✓ Lean forward slightly
 - ✓ Face the person
 - ✓ Maintain good eye contact
- VI. Avoid mind reading. Rather than saying I know how angry you are, say I know how I would feel if that had happened to me or I would probably be angry also if that had happened to me.
- VII. Criticize content, not the individual.
- VIII. Recognize and respect cultural influences on communication.

CONFLICT MANAGEMENT

Mediating Conflict between Huddle Participants:

1. Remind participants to avoid finger pointing or blaming someone for the problem. This is counter to the collaborative process.
2. Bring the discussion to what needs to be done now, and how this will positively impact internal or external customer satisfaction.
3. Attain clear agreement on the specific actions that will be taken to resolve the issue.
4. Review the 'ensemble' definition – unit or group of complimentary parts contributing to a single effect (customer needs are met).
5. If the conflict escalates to the point of compromising the integrity of the huddle, attain support from senior management.

STRATEGIES TO OVERCOME BARRIERS

CONCERN	SOLUTION
Department or job classification is not attending the huddle	Speak with the senior manager(s) responsible for that group to ensure representation.
Issues raised are not being resolved	Speak directly with the individual or department responsible. If issue remains unresolved, note on Accomplishment Form as “unresolved” under currents status section, and meet with a senior manager.
No new issues or updates raised	Advise participants that acknowledging that things are currently going well is an accomplishment. Remind individuals that face to face communication helps build an “ensemble”. This is also an opportunity for attendees to thank each other for support on previous concerns. Since the huddle is an ongoing process, it is important that everyone attends to maintain the integrity of the process.
Participant blames another for not solving a problem.	Ensure the individual/department responsible for problem resolution clearly understands the nature of the problem, and commits to an action. Remind all participants to show respect for each other, and that huddle is about collaborating to provide optimum service and patient/resident care. Review the “ensemble concept when required (refer to guidelines for mediating conflict).
Huddle leader(s) not reporting accomplishments	Upon turning over the leadership role to others, advise participants that whoever the leader is for a given huddle, must report commitments made (proposed solutions) to their “champion”. Consider rotating leadership on a weekly or bi-weekly basis until several individuals become comfortable with this role.

TRACKING OF ACCOMPLISHMENT

1.0 Measures

1.1 To collect data to assess progress, measures are used to evaluate the huddle performance.

2.0 Process Measure

2.1 How the System works

2.1.1 Daily attendance

2.1.2 Time Spent per Huddle

2.1.3 Issues reported at Huddle

3.0 Outcome Measures

3.1 The final Results

3.1.1 Issues Resolved through Huddle

3.1.2 Improvement undertaken as a result of Huddle

3.1.3 Improved teamwork, Communication and Patient/Staff Satisfaction

4.0 Driver Diagram

4.1 A tool to help organize and display our theories and ideas in an improvement project

4.2 It guides us to develop changes that could possibly lead to improvement project. (Fig. 2)

5.0 Charts/graphs

5.1 Graphical representation of the data collected; such as Bar chart, Line charts, Pie chart

SUSTAINING HUDDLE

- Embedded in staff performance evaluation
- Forms huddle attention to hospital priorities and problems
- Continuous engagement of Senior Management with Teambuilding, Effective Communication and Patient Safety

SAMPLE HUDDLE ACCOMPLISHMENT FORM

FACILITY NAME: HFH		Champion(s): J. KONADU	
Date: 06/04/16		Completed by: K. Smith, Nursing Manager	
±	Theme/Subject	Accomplishments	
	Cash Management	Maxis system upgraded on all inpatient computers	
	Radiology	<ul style="list-style-type: none"> • Updates on x-ray expansion project made available through each huddle • Communication improvement with patient hand-offs 	
	Materials management	In response to materials and equipment issues a material management supervisor will be rounding every afternoon at 3:00 p.m. to ensure that each supplier is equipped, resulting in significant improvement unit supplies.	
	Physical Therapy	<ul style="list-style-type: none"> • Physical therapy schedules now available to nursing staff at an earlier time 0830 in response to improving patient satisfaction • Improvement with putting patients on Plexi-pulses after therapy session 	
	Nutrition	<ul style="list-style-type: none"> • Created a documentation tool to capture list of patients with dermal wounds. • Improvement with clearing bedside stands for meals in collaboration with Nurse Techs and Unit Assistants. 	
	Security	Visitor policy currently being reviewed in response to concerns raised from nursing staff	
	Information Technology	Updates on CIS project. Improvement with maintenance of unit computers	
	Pharmacy	Pyxis profile upgrades - significant improvement on daily "missing medications"	

**** Overall improved communication among all disciplines****