



Huddles: Increased Efficiency in Mere Minutes a Day

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Super Bowl Sunday and the score is tied, two minutes left in the game. The offensive players walk out on the field. Typically, what is the first thing they do?

They huddle.

Monday morning at the Healthy Family Medicine Clinic, and the phones are ringing frantically. Staff knows the day will be busy, so what is the first thing they do?

They start seeing patients right away.

While this strategy saves time up front, within an hour, bottlenecks develop. A lab is missing. One patient needs an interpreter. Two physicals are scheduled back to back but the physician needs to leave early for a meeting. By lunchtime, the entire staff is frazzled and running behind.

The scenario at Healthy Family Medicine Clinic happened repeatedly at many of the practices participating in the TransformMED National Demonstration Project (NDP). This article will explain how these practices learned to follow the lead of a football team and now use huddles as a way to save time and increase efficiency.

The most natural response to a busy schedule is to start seeing patients. However, as in the example above, jumping right into the day can result in a string of surprises, all of which contribute to bottlenecks, interruptions, and misunderstandings. Examples from the NDP practices include the following:

- Confusion about provider availability between schedulers and clinical staff
- Discovery that equipment is broken or needed labs are not available
- Patients with special needs who require extra time and assistance
- Short-staffed due to illness, vacation, family emergency, etc
- Unexpected or last minute changes to the daily schedule requested by the patient (i.e., cancellations/no show's); provider (unexpected hospital visit); office (computer system down); or many other external factors (traffic jams, late bus)
- An overall lack of awareness of how each piece contributes to the smooth functioning of the entire practice.

Huddles work because they demand rapid team formation and preparation at the practice level. They allow the practice to plan for any changes in the daily work flow, manage crises before they arise, and make adjustments in ways that improves access to patients and quality of life for the staff.

For example, one NDP practice with multiple providers had to consistently turn patients away because schedulers in one hallway didn't know the availability in the other two hallways. Afternoon huddles among all the schedulers have helped to increase access to patients and reduce the slots that don't get filled. In another NDP practice, morning huddles among RNs and MAs allow the staff to help each other with personal schedules; i.e., if one staff asks to leave 15 minutes early, another staff will jump in to cover.

The NDP practice in Murfreesboro, TN faces unique communication issues because the practice is housed in two different buildings. Huddles are one way to help bridge all parts of the practice together. "Once a foreign idea, huddles are now an integral part of the workday," says Dr. Randy Rickard of Family Practice Partners. "Mini-meetings between doctors, nurses, and receptionist begin each workday. Team members are empowered and directed toward day-specific goals to reduce wait times and improve efficiency."

When done correctly, huddles are fast, efficient, and critical to the practice in play – just like football. **Huddles work because they elicit a pattern of practice-level thinking that is often not intuitive to each individual staff member but ultimately beneficial to the entire practice because staff begins to think like a team.**

The NDP practices used huddle instructions available to anyone on the Institute for Healthcare Improvement website (www.ihl.org). In addition, data from the practices over the past 8 months demonstrate the following steps to success:

- Limit huddles to 7 minutes or less
- Hold the huddle in a central location, and stand rather than sit
- Choose a consistent time on a daily basis
- Experiment with different times of day and attendance. Don't give up on the concept because a certain time or mix of staff doesn't work. You can huddle before the workday, late afternoon, after lunch, etc) and with different staff in attendance. In some, the physicians attend, while in others, the MA or RN reports back to the physician.
- Whether the physician physically attends or not, his or her buy-in and support of daily huddles is critical to their success and continuation.
- Huddles help in large practices with different hallways or pods, as "representatives" can take vital information back to their area. Huddles are equally important in small practices and solo providers, where complications arise because everyone "assumes" that the other knows what is going on.
- In the beginning, huddles will need designated leaders and a structured "agenda." After a few weeks, the huddle will run itself.
- In the beginning, huddles will require daily discipline and a champion. It is best if that champion is a physician, office manager, or both. Once the huddles gain momentum, usually within 2 days to 2 weeks, the benefits are self-evident and no extra effort is required.

The NDP practice in Hays, KS uses huddles to coordinate the scheduling needs of 8 providers scattered within 3 different halls. Traditionally, the separate halls have cherished their autonomy, so the idea of huddles was not an instant winner. However, Nurse Manager Karen Threlkel, RN, now says, "Our afternoon 10 minute huddles allow us to share available openings for the next day, with the obvious outcome of serving more patients... AND improving trust across the clinic with appointment." Such trust has helped with the implementation of Advanced Access scheduling. Karen adds, "In March 2007, our medical center also embraced huddles for all departments to incorporate as a tool to strengthen communication and improve customer service."

Just as huddles are critical to play on the football field, huddles within your practice can play an equally important role. This quick, efficient meeting of the minds galvanizes practice-level thinking, where the most natural option is teamwork. The results? Big wins for both your practice and your patients.

Suggested huddle agendas:

- Check for patients on the schedule that may require more time/assistance due to age, disability, personal demeanor, etc. Who can help?
- Check for back-to-back lengthy appointments, such as physicals. How can they be worked around to prevent backlog?
- Are there openings which can be filled? Chronic no-shows? Any special instructions for the scheduler?
- Check over provider and staff schedule – does anyone need to leave early or break for a phone call or meeting?
- Lab results, test results, notes from other physicians – are they ready in the patient's chart? What will be the most efficient path of patient flow?

Suggested Readings:

Articles that focus solely on the use of huddles in the medical practice are rare. The NDP facilitators relied on the following:

- Huddles (IHI Tool): Improvement: Improvement Methods: Tools (www.ihl.org)
- Use Regular Huddles and Staff Meetings to Plan Production and to Optimize Team Communication (www.ihl.org)
- What Works, Effective Tools & Case Studies To Improve Clinical Office Practice by Sue Houck. HealthPress Publishing, 2004, 152 pp.