



# Daily Shift Huddle

**Administrator:**

Ms. Elizabeth Hayes

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**Sponsored by:**





## Daily Shift Huddle

***In 100 words or less, describe your Best Practice:***

Every winning football team knows you take the field with your plays already in mind, but it's in the Huddles that game changing plays are developed to accommodate the changes on the field. Huddles are brief, concise and can happen at any moment. Health care isn't a game, but minutes tick off the clock just the same. Each resident's health situation depends on our team's ability to come together quickly, assess the situation concisely and prevent fumbles. Our Huddles help make the right call helping our residents achieve a winning outcome.

***What problem does your Best Practice address, and what is its primary purpose?***

The problem our Best Practice addresses is ineffective communication resulting in delay of care. With this Best Practice, our staff can identify residents' subtle changes for immediate response to health issues and other problems that may arise during their stay in our facility.

***What group(s) of residents and others are involved in your Best Practice and how does it work? (Who and how many are helped, what are the benefits to these people, and what methods or procedures/protocols are used to get results?)***

Utilizing the Interact's "Stop and Watch" form that our facility has implemented has made the subtle changes identifiable by the team members closest to the resident. Every department has an opportunity to be involved by sharing information. For example Dietary recognizing changes in eating habits and intake patterns to Housekeeping reporting a change in the resident's routine. With this team approach quick recognition promotes early intervention benefitting all residents.

***What has your Best Practice accomplished and how have you been able to tell this?***

Through this process we are utilizing our opportunities to communicate changes in our residents' status more effectively. By using this tool all residents benefit from early intervention decreasing the need for acute hospitalization. This prevents adverse effects associated with those hospitalizations such as anxiety related to change in environment and structure, potential for isolation that may lead to depression or increased behaviors and possible unnecessary medication. In addition this allows the Medicare days to stay within the facility promoting the goal of continued improvement without interruption, which in turn improves the quality of life of our residents. It has the added benefit of identification of changes in our residents that place them at high risk for repeat falls, skin tears, UTI's and weight loss.

***What problems, obstacles, or challenges might other facilities face in replicating part or all of your innovation? Were there any adverse effects or any ways that things turned out differently than you had planned? Do you know of any other facilities which have tried this or a similar best practice idea?***

Our biggest challenge is motivating staff to participate, keeping them motivated and new employee education/training. We have not identified any adverse effects; in fact, it reflected a better outcome in a shorter period of time than we had anticipated. This Huddle system is a new corporate wide initiative.

***What was the cost to implement your Best Practice (include dollars, staff, supplies, equipment, etc.)? How did you pay for it?***

The only supplies needed are a 3 ring binder (\$7.99 ea.) for each hall, one sheet of standard copy paper (\$4.28/500 sheets) for form replication per each shift, each day, and the Interact Stop and Watch forms (\$5.20/50 sheets) already in place on each hall. The Huddles take place on each hall with all daily scheduled personnel and no additional staffing is required. The cost was covered by the Nursing Department's daily operational funds. This cost is minimal compared to the potential increase in revenue for the facility by utilizing Part B therapy. It also decreases the potential for loss of revenue by treating outside of our facility. By being good stewards of our residents' resources we are providing them the opportunity to utilize the benefits for which they are entitled.

***What are the reasons you consider this Best Practice to be excellent and innovative?***

We consider this process to be excellent, because it encourages us to rely on the fundamentals of assessment, communication, planning, implementing and reassessing which are hallmarks of healthcare. It is innovative in its simplicity and ease of use. The Huddles encourage all staff members to participate as a team with the common goal of providing our residents the Excellent Health Care they have trusted us to provide.



## Stop and Watch Early Warning Tool



If you have identified a change while caring for or observing a resident, please **circle** the change and notify a nurse. Either give the nurse a copy of this tool or review it with her/him as soon as you can.

<b>S T O P  a n d  W A T C H</b>	Seems different than usual
	Talks or communicates less
	Overall needs more help
	Pain - new or worsening; Participated less in activities
	Ate less
	No bowel movement in 3 days; or diarrhea
	Drank less
	Weight change
	Agitated or nervous more than usual
	Tired, weak, confused, or drowsy
Change in skin color or condition	
Help with walking, transferring, toileting more than usual	

Name of Resident \_\_\_\_\_

Your Name \_\_\_\_\_

Reported to _____	Date _____	Time <input type="checkbox"/> AM <input type="checkbox"/> PM
Nurse Response _____	Date _____	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

Nurse's Name \_\_\_\_\_

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Form # MP5640-3 (01/13)

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### Daily Shift Huddle

Shift 7-3 3-11 11-7 Date \_\_\_\_\_

Charge Nurse \_\_\_\_\_ Unit \_\_\_\_\_



- It is the responsibility of the charge nurse to initiate a daily "huddle" at the beginning of every shift to pass on relevant information about residents, families and the work environment with the team.
- The information should be initially shared between the charge nurses during report at beginning/end of the shift.
- The huddle should be short (2-5 minutes). The goal is to collect and share information with all RNs/LPNs/CNAs on the unit about resident changes in condition and current equipment, linen, staffing concerns on a daily shift by shift basis.

<p>Residents who have an <b>"Extreme Risk"</b> for a fall, death or hospitalization. Resident is currently receiving treatment for an acute change in condition or is currently on "fall watch".</p>	
<p>Residents who are at a <b>"High Risk"</b> for an event such as a fall, decline in status or hospitalization. Resident has had a change in condition reported (Stop &amp; Watch) or is a new admit or readmit &lt;72 hours.</p>	
<p>Family issues or concerns</p>	
<p>Equipment concerns</p>	
<p>Linen concerns</p>	
<p>Staffing concerns</p>	
<p>Education</p>	

**Signatures of those attending shift huddle:**

**Shift concerns**

**Resident** \_\_\_\_\_

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**Equipment** \_\_\_\_\_

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**Linen** \_\_\_\_\_

\_\_\_\_\_

**Staffing** \_\_\_\_\_

\_\_\_\_\_

**Reviewed by**

**RN Supervisor** \_\_\_\_\_

# Our Staff in the Morning Huddle

