

Good Samaritan Health & Wellness Center

Policies and Procedures

Subject:	Clinical Staff Daily Huddles	Policy #: 5.7.2
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Approved by:	Board of Directors	Effective Date: 12/15/2016

OBJECTIVE:

Good Samaritan uses a team to provide a range of patient care services by holding scheduled patient care team meetings or a structured communication process focused on individual patient care. Standing orders are used by the team.

POLICY:

It is the policy of Good Samaritan Health & Wellness Center to recognize that structured and regular meetings of the teams involved in patient care services are vital to providing patient-centered care. These meetings, referred to as “huddles,” are important to facilitate communication between structured, regular meetings through more frequent, informal assemblies of each care team. The emphasis is on ongoing interactions of team members to discuss roles, responsibilities, communication and patient hand-off, working together to provide and enhance the care provided to patients. A huddle brings the schedule to life, allowing the care team to be actively involved with it and Good Samaritan to embrace the old adage – when you can predict it, you can manage it.

It is the policy of Good Samaritan to maintain standing orders in writing.

PROCESS/PROCEDURE:

To promote excellent communication and coordination among the members of the care team, informal meetings – “huddles” - of the physician, nurse, medical assistant, and daily schedule of patients who may work together as a care team should occur at least daily. These meetings are more effective when held immediately prior to each half-day session so the members of the care team can jointly review and forecast resolutions to immediate concerns, such as the day’s schedule and evaluation of yesterday’s mistakes.

Protocol for the huddle is:

Team members: CMO, all physicians, nurses, MA’s, NP’s, and PA’s on schedule

Place: Clinic lab

Time: The team huddle is held in the morning prior to office hours

Duration: A short meeting of generally less than 10 minutes to review the upcoming day's appointment schedule.

Content: The huddle focuses on the needs of each patient scheduled that day. Content can include:

- Where to fit in any same-day visit requests;
- Anticipated no-shows (a patient who was hospitalized the previous night, for example);
- Patients for whom the physician expects to spend more or less time than indicated on the scheduling template;
- Patients who need special assistance, such as an interpreter or mobility assistant;
- Logistics of any scheduled procedures;
- Standing orders; and
- Mistakes or challenges encountered during the previous session.

Technique: Patients' schedules are reviewed and per the practice's medical record EMR review protocols to evaluate at a minimum whether:

- Recommended preventive services had been met, following the Practice's standards for a planned care visit;
- Tests, consultations or other services that had been ordered at the previous visit have been received;
- Necessary special equipment or supplies, if any, are in place;
- Exam or procedure room is assigned and prepared, if applicable; and
- Other standing orders (e.g., testing protocols, defined triggers for prescription orders, medication renewals, vaccinations) as dictated by the patient's anticipated needs are readied.

During the huddle, a participant (often the nurse or medical assistant) reports on what actions are required to manage the scheduled encounter.

Standing orders are created and maintained in writing.

The structured communication process may be supplemented by regular e-mail exchanges, tasks or messages about a patient in the medical record and how members of the care team are engaged in the communication structure.

Quality Control

Good Samaritan monitors the policy and procedure in the following manner:

- Periodic monitoring to determine whether these huddles are held by all care teams prior to each half-day session, and are kept to 10 minutes or less.
- Periodic monitoring that all members of the care team (including the physician) attend 95 percent or more of huddles.
- Periodic monitoring to determine whether meetings last so long as to cause a delay in the beginning of the half-day session.
- Annual monitoring of whether the daily schedule for patients scheduled in the full-day session have been reviewed and summarized by the start of each daily team huddle meeting, with a goal of 100 percent.
- Annual monitoring of written standing orders.