HUDDLES:

IMPROVE OFFICE EFFICIENCY IN MERE MINUTES

Elizabeth E. Stewart, PhD Barbara C. Johnson, PhD

hen it comes to efficiency and teamwork, football players (yes, football players) offer family physicians a valuable lesson: A quick huddle can ensure that everyone is on the same page.

The practice enhancement facilitators at TransforMED, an AAFP initiative that's working with practices across the country to test a new model of family medicine, have found that daily huddles can help address a number of critical issues. Huddles allow the practice to plan for changes in the daily workflow, manage crises before they arise and make adjustments that improve patients' access and staff members' quality of life. Huddles work because they demand rapid team formation and preparation at the practice level.

Perhaps best of all, huddles can become part of a practice's routine almost overnight, as the TransforMED practices discovered. This article shares what these practices have learned about huddles and offers advice for how you can begin using them in your practice. (For more information about the TransforMED national demonstration project, see "TransforMED Tries to Rebuild Family Medicine," *FPM*, May 2007.)

You might need to huddle if ...

Consider this scenario: It's Monday morning at Healthy People Family Practice, and the phones are already ringing. The doctors and the staff members know the day will be busy, so they all focus their energy on starting to see patients right away. Although this strategy saves time up front, bottlenecks develop within an hour. A lab report 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.

Sound familiar? It's a scene that had been playing repeatedly at many of the TransforMED practices, but it's rarely seen now that huddles are being used.

Huddles have helped to eliminate these situations:

- Confusion about provider availability for scheduling;
- Lack of awareness of broken equipment or unavailable labs;
- Lack of preparation for scheduled patients who require extra time and assistance;
- Staff shortages due to illnesses, vacations and family emergencies;
- Chaos due to last-minute schedule changes, whether caused by patients (cancellations or no-shows), providers (unexpected hospital visits), office systems (computer network down) or external factors (traffic jams, late busses), etc.;
- Lack of awareness of how each person contributes to the practice's smooth functioning.

Huddles can benefit practices of any size. In large practices that use multiple hallways or pods, someone from each hallway can attend the huddle and take

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Practices participating in the AAFP's TransforMED initiative have found that daily huddles help eliminate confusion, misunderstandings and bottlenecks.

Everyone stands for the duration of a huddle, which should be held in a central location and last no longer than seven minutes. important information back to his or her area. In small or solo practices, huddles prevent problems that can arise when one person assumes that everyone else in the office knows what's going on.

How to huddle

Huddles are not unique to the TransforMED practices; the idea has been promoted widely by the Institute for Healthcare Improvement and others. ^{1,2,3} The keys to successfully implementing huddles in a medical practice are as follows:

- **1. Get physician buy-in.** Regardless of whether the physician attends the meeting, his or her support of daily huddles is critical to their success.
- 2. Settle on a time to meet consistently. It's important that the "huddle time" becomes a part of everyone's daily routine. However, it might take some experimenting to figure out what the right time should be. If the first time you pick doesn't seem to be working, don't give up. Try another time of day. Early morning huddles have worked well for some TransforMED practices, while other

groups prefer to meet after lunch or late in the afternoon.

3. Experiment with different participants. The best huddle won't necessarily involve

everyone in the practice. At some of the TransforMED practices, the physicians attend. In other practices, the medical assistant or registered nurse attends and then reports back to the physician.

- **4. Limit huddles to seven minutes or less.** This keeps the meeting focused and prevents team members from becoming long-winded.
- **5. Hold the huddle in a central location.** For example, you might simply gather in the hallway outside the nurse's station.
- **6.** Have everyone stand the entire time. This helps keep the meeting short so you can get back to seeing patients.

Two additional guidelines can be disregarded after a few weeks if everything works correctly:

- 7. Designate a huddle leader and put together a structured agenda. (See "A suggested huddle agenda," below.) After a few weeks, the huddle will run itself.
- 8. Identify a huddle champion who can provide daily discipline. It's best if the champion is a physician or office manager. Once the huddles gain momentum, the benefits become self-evident and no extra effort is required. In the TransforMED practices, this has usually happened somewhere between two days and two weeks.

A SUGGESTED HUDDLE AGENDA

- Check for patients on the schedule who may require more time and assistance due to age, disability, personality or language barriers. Who can help?
- Check for back-to-back lengthy appointments, such as physicals. How can they be worked around to prevent backlog?
- Check for openings that can be filled or chronic no-shows that can be anticipated. Any special instructions for the scheduler?
- Check provider and staff schedules. Does anyone need to leave early or break for a phone call or meeting?
- Ask whether lab results, test results and notes from other physicians are ready in the patient's chart. What will be the most efficient path of patient flow?

Success stories

Many of the TransforMED practices that have implemented huddles have a hard time

About the Authors

Elizabeth Stewart is a qualitative data analyst and Barbara Johnson is a practice enhancement facilitator for TransforMED in Leawood, Kan. Author disclosure: nothing to disclose. imagining a day without them now. "Huddles were a foreign idea to us initially, but now they are an integral part of the workday," says Randall C. Rickard, MD, of Family Practice Partners in Murfreesboro, Tenn.

Rickard's practice is housed in two different buildings, creating some unique communication challenges. Its TransforMED facilitator suggested daily huddles as a way to bring everyone in the practice together for a few minutes. "We now begin each day with mini-meetings between our doctors, nurses and receptionist. Team members are empowered and directed toward day-specific goals to reduce wait times and improve efficiency."

Hays Family Medicine, a TransforMED practice in Hays, Kan., uses huddles to coordinate the scheduling needs of eight providers scattered in three hallways. "Our afternoon huddles allow us to discuss available openings for the next day," says nurse manager Karen Threlkel, RN. The hospital that owns the Hays practice recently instructed all of its other departments to begin using huddles as a tool to strengthen communication and

improve customer service, citing the Hays practice as an example to emulate.

Try one today

Just as huddles are critical on the football field, huddles within your practice can play an important role. A quick, efficient meeting of the minds galvanizes practice-level thinking. The results? Big wins for both your practice and your patients.

Send comments to fpmedit@aafp.org.

- 1. Institute for Healthcare Improvement. Meeting tools: huddles. Available at: http://www.ihi.org/IHI/Topics/Improvement/ImprovementMethods/Tools/Huddles.htm. Accessed April 13, 2007.
- 2. Institute for Healthcare Improvement. Use regular huddles and staff meetings to plan production and to optimize team communication. Available at: http://www.ihi.org/IHI/Topics/OfficePractices/Access/Changes/IndividualChanges/UseRegularHuddlesandStaffMeetingstoPlanProductionandtoOptimizeTeamCommunication. htm. Accessed April 13, 2007.
- 3. Houck S. What Works: Effective Tools & Case Studies to Improve Clinical Office Practice. Boulder, CO: HealthPress Publishing; 2004.

Early morning huddles have worked well for some practices but might not be right for others.



Huddles will quickly become a part of a practice's daily routine if they are held consistently at the same time and they are supported by the physicians.