

WEBINAR VIDEO TRANSCRIPT

P4C HIV TAC Webinar

Multi-Disciplinary Team-Based Care, Session #3, Community of Practice

29 September 2016

STEVE LUCKABAUGH: Good afternoon. My name is Steve Luckabaugh and I'd like to welcome you to the Multi-disciplinary Team Based Care Session number three, Community of Practice Webinar. This webinar is brought to you by the Partnerships for Care HIV Training, Technical Assistance, and Collaboration Center, HIV TAC. The Partnerships for Care Project is a three-year multi-agency project funded by the Secretary's Minority AIDS Initiative Fund and the Affordable Care Act.

The goals of the project are to expand provision of HIV testing, prevention, care, and treatment in health centers serving communities highly impacted by HIV, to build sustainable partnerships between health centers and their state health department, and to improve health outcomes among people living with HIV, especially among racial and ethnic minorities. The project is supported by the HIV Training, Technical Assistance, and Collaboration Center, HIV TAC.

Our speaker today is Catherine Lopez-Sable. Catherine is the Program Manager for the Center for Special studies, CSS, at the New York Presbyterian Hospital, NYPH. CSS provides HIV-specialized care to people living with HIV/AIDS. Catherine's main focus is on development and implementation of program strategies to improve patient access and retention at NYPH and at the Center for Special Studies.

She is responsible for the daily operations of CSS, including case conferencing, huddles, employee engagement, and patient satisfaction and recruitment. She also has been involved with the coordination of the Let's Get Out Committee, an outreach program designed to increase community awareness of HIV/AIDS and STD prevention, and with the Weill Cornell Medicine and NYPH Annual AIDS Walk, sponsored by the Gay Men's Health Crisis.

Catherine was on the NYPH Putting Patients First Initiative Committee to coordinate and implement patient adherence measures. Catherine was featured in the NYPH profiles for her clinical contribution and presentation of the Putting Patients First Initiative at the International AIDS Conference in 2004. Please join me in welcoming Catherine Lopez-Sable.

CATHERINE LOPEZ-SABLE: Hi, everyone and thank you, Steve, for the introduction this afternoon. Today's presentation is going to be what we will be discussing, huddles. And I have no disclosure to discuss today. Huddles are a process by which a clinical area, department, or

hospital leadership come together on a daily basis and assess their ability to care for the patients they will encounter that day combined with an assessment of any concerns about the delivery of care.

The Medical Home model promises to improve health care by transforming how primary care is organized and delivered. The medical home encompasses five functions and attributes, comprehensive care, physical and mental health care, prevention and wellness, acute care, and chronic care. And Patient Center Medical Home concept requires a team-based care approach. Huddles are a great way to demonstrate element D, which is the practice team.

We will be discussing the who, the what, the where, the when, the why-- the how. The “**who**”-- when you begin by trying to introduce huddles into your practice, it's important for you to involve the right people. Huddles can include all staff, including physicians or teamlets, and teamlets can be a small portion of the larger team.

It's important to have two people run huddles, a verbal facilitator and a data recorder. It is very difficult for two people to run huddles at the same time. The facilitator role can rotate between leaders and staff attendees and it's always good to document any issues or concerns that are brought up during huddle. That way, we have some type of follow-up.

The “**what**” ... huddles can evolve using four elements, volume assessment, readiness assessment, problem accountability-- metrics and goals. Volume assessment can pretty much highlight day-to-day activities at a clinical setting or in a hospital setting. And if the area's an outpatient clinic or department, the number of scheduled visits may be depicted at a hospital level. The operational capacity census and operational variance may be depicted by unit.

Readiness assessment-- these are all tools, also-- sorry-- that I should have highlighted from the beginning that we may have as a checklist when you're trying to incorporate huddles. So a readiness assessment, you may address safety methods, equipment, supply associates, safety equipment, supplies, satisfaction, facilities, information services and methods. And things that may come up during huddles may be quick hits and these are issues that can sometimes be addressed at the moment once identified.

Or during a huddle, some complex issues may come up that may need additional follow-up, where you may have to involve additional people to address these complex issues. But it's always good to have the framework to identify these issues during a huddle setting so that we can define the nature of the issue, define the owner of the issue, define quality specialists assigned to address these issues, and have some feedback or have time to follow up on the concerns that that may bring up or patient concerns. And it's good to have transparency and have a method in which you can display or at least give feedback to people when they do present these items and it's good to have transparency.

So here at CSS, for example, if issues are brought up, we do have a central shared system-- on G drive, we call it-- so that all staff know where to find huddle topics, know where to go to see if

follow-ups are needed, and we also communicate these via email. I've added a checklist because I think it's always good to have some type of framework or template and a clear process so that when you are thinking about implementing a huddle, that you have some type of framework to work on.

Designate a huddle leader. Have someone jot down all the people that came to huddle. So you have to have some type of checklist for an attendant. Check in with the team. Ask everyone how they're doing. Are there any anticipated staffing issues? This is good if you incorporate huddles or have huddles start at the beginning of the day. Here at CSS, we do it differently. We have huddles at the end of the day because we have rounds but I'll discuss our processes a little later on during the presentation.

It's always good to know your process, know your clinic or hospital setting-- know what works best for you because you can tailor huddles to your needs. It doesn't have to be specific to this checklist. You can make your own and have it work for you because at the end of the day, if you want to have good communication, foster teamwork, and collaboration, it has to be what's best for the clinic and what works best for you.

The "**where**" is very important. You have to designate one space to have daily huddles so that everyone knows where to meet-- at what time huddles are going to occur. That way, everyone is responsible for coming in to hear this information. It's vital to have a designated space and time, especially if you're using a conference room. Sometimes, you need to book a conference room and use a calendar so it's always important to have designated space-- no interruptions.

Stay focused on all the huddle topics that you will discuss for the day and go through your checklist. That way, there's some type of accountability also. The "when" is crucial for someone to have at least some type of framework with the huddle. If you know you will discuss the same patients on the schedule for the day and what providers are not in the office, it's always good to have that communicated at the beginning of the day with the staff.

But if you're going to incorporate that information at a morning huddle, for example, that's the type of stuff you want to communicate with your team if you're going to have a daily huddle in the beginning of the day before your clinic starts. At the end of the day, it's good to probably go do the schedule, see what patients came in, discuss any issues that came up during the course of the day at the end of the day, and also if there are issues that do come up during the end of the day that you close the loop.

At least have some type of mechanism in place so that there is follow-up later. An example of what we review during morning clinic can be calls to consultants, review of lab-- patient follow-up. A midday or after clinic huddle will evaluate the appointments and exchange information and it should be no longer than 15 minutes.

The "**why**"... I always emphasize why it's important to have a huddle. At the beginning when we first rolled out huddles at our clinic, we got tremendous push-back from staff because I guess

their biggest concern was we already do so much during the course of the day. How are we going to carve out this additional time to go over stuff you can potentially send in an email? But I think it's vital to have all members of the team hearing the same thing at the same time.

So it's a great practice. It's essential to have a good practice in place so that we can communicate any potential issues or reminders, things that just come up to address, while everyone's in the same room. Huddles greatly increase clinic's ability to rapidly identify and solve problems, which we discussed already during a previous slide.

Huddles help with team-building and improve coordination of our medical services. Our clinic, it's part of our practice to do this on a day-to-day basis. And the collaboration between the doctors, nurses, and our social workers just to take care of a patient is vital to pretty much our existence here.

Using the huddle process helps unite those roles primarily in operation but also, I like to say that our front-end staff, they don't really get to hear the day-to-day or at least in the beginning, when we first rolled out these huddles. And we found that having them take part in huddles was so critical to taking care of our patients because they hear more about the patient's issue on the phone.

So we decided, hey, why not incorporate the registrars during our daily huddle because they do know more about the patients and barriers that they identified during a phone call? So we decided to start inviting registrars during our huddles.

The **“how”** ... It's important to talk about why it's important to make it routine. And I think it's critical for a practice to keep the momentum going, especially when you roll huddles out, to make it mandatory at least in the beginning so that you have buy-in because you will probably get a little bit of push-back initially when you roll out a huddle because they will tell you how busy they are.

Here at CSS, we've been really fortunate because for the past almost 30 years, we've had a system in place called "rounds." And daily rounds to us is pretty critical. Every single member of our team discusses every single patient seen that day. So rounds are about an hour long and when the hospital told us that we needed to incorporate a huddle during the day, we got tremendous push-back in the beginning because, like we said, we've already carved out an hour of our day to discuss patients.

But we also cover a lot of different topics during huddles that are pertinent to the hospital and all of announcements that are hospital-related during a huddle. So when we decided to roll out huddles, we decided not to do it during the beginning of the day. We decided to incorporate it within rounds. So we carve out five-- the maximum, 10-- minutes during rounds every day to discuss all the hospital's announcements or anything else that came up during the course of the day that isn't patient-related.

We discuss any facilities issues that come up during the day. We also give that shout-out. And anything that's a monthly focus going on at the hospital we also highlight during this daily huddle. And this is our template as a reference.

So this is what an actual huddle for us looks like. Leaders go through what went well today, what needs further follow-up, any staff or patient safety issues that were identified that day, recognition and shout-outs, hospital practice announcements-- daily motivational or inspirational phrase is optional. People sometimes get creative with that. On Wednesdays only, we have a more specific focus on joint commission readiness.

Best practices are also discussed and if there's a daily huddle message, we also highlight that, too. And if there are patient concerns, we also highlight those at the end. And unfortunately, we were unable to embed the video to play at this time of what a huddle looks like. And The Everett Clinic did a really great job of highlighting what a huddle looks like at their facility.

So I would Copy and Paste this link. And when you can, I would play it because the video is helpful and it does highlight a lot of good points. When I watched the video, the staffing at The Everett Clinic, they discuss any staffing issues for the day, measurements like visit add-ons-- how long the front desk took to answer the phone. They discuss previous-day visits, walk-ins-- total amount of patients seen that day.

Administrative staff during the video also mention the importance of knowing who's on staff that morning. They carve out some time for Q&A at the end of their huddle. And lastly, they remind staff of any scheduled meetings or anything else that may be going on that day. So it's nice to have a different perspective of how other facilities do huddle. We tailored it to our needs here but The Everett Clinic also tailored it to their needs.

So the Readiness to Huddle tool is a worksheet that you can use when you begin to think about how you're going to frame your huddle. So I'll show you what it looks like in the next slide. So it's a nice practice to have maybe members of each discipline work out the framework of what you want your huddle to look like. And I always emphasize, have every single member of your team sit down and work out this process. That way, there's representation for everyone at the session.

And you need to know exactly how much time you want to carve out for a huddle. That way, you stick to your template or a time frame. And you want to highlight all the reasons why you need to huddle, huddle topics that you would like to discuss, what does it require and by whom, huddle hurdles-- anticipate all the issues that you may have to incorporate huddles into your practice, time being the biggest. I think everyone is probably going to push back on time and highlight how difficult it's going to be to incorporate huddles during a busy day.

But then you also have to highlight the importance of coming together and communicating all these issues in one place all at the same time. And just also highlight huddle solutions and what

you can benefit from having huddles daily and discuss this with your team. And then once you work this out, find out if you're ready to incorporate your huddle.

So in summary, huddles promote teamwork. Huddles are crucial leadership tools to check in with staff to avoid duplicated work. Huddles quickly identify issues preventing staff from completing their goals. Huddles promote communication among team members and huddles ensure that members plan tasks with necessary input from others and develop a daily plan for improved care.

And I added references. Huddles are not a new concept and a lot of work has been done about huddle implementation. And these are just some of the references that I used in my huddle presentation that you can certainly log on and research on because a lot of work has been done. And huddles are definitely a great tool to have in place in any clinical or hospital setting.

STEVE LUCKABAUGH: We have some time here to take some questions, if you have any questions.

CATHERINE LOPEZ-SABLE: Or if any of the slides you would like for me to review, feel free.

STEVE LUCKABAUGH: You did mention earlier that you said you discuss your process later on.

CATHERINE LOPEZ-SABLE: Mm-hmm.

STEVE LUCKABAUGH: Want to talk about that a little bit?

CATHERINE LOPEZ-SABLE: Sure. So when we first were told that we needed to incorporate huddles at our practice, one of the biggest things that we decided to do was sit down with our senior staff group to decide what we wanted to address during our daily huddle. And we just brainstormed on all of the things that on a day-to-day basis you don't really think about. And one of the issues that we did identify is that we took too long to follow up on certain things that were brought up during our monthly staff meeting.

So we didn't want to wait until a monthly staff meeting to bring up a lot of facility concerns or patient issues. And a lot of the stuff that we found was lost in translation because it was communicated to the wrong person that wasn't responsible to deal with that issue. So we basically set up the framework so that if things like this happen, that's always good to address or at least bring up daily and not wait until a big meeting to bring up because I think the longer you wait, you can't address some of these issues quickly.

Did I answer your question, Steve? I'm sorry.

STEVE LUCKABAUGH: Yes. Thanks.

CATHERINE LOPEZ-SABLE: OK.

STEVE LUCKABAUGH: All right. Does anyone have any questions? We have some time here. Please enter them now in the Questions pane.

CATHERINE LOPEZ-SABLE: Well, if you can't think of anything at the moment but things may come up, I'm always available. And the next slide has my contact information. So maybe at this moment, you can't think of anything but I am free to answer questions at any harm.

STEVE LUCKABAUGH: We have a couple of questions here. "Can you say something about sustainability of huddles? Do you find the teams burn out or that they're invested in the huddles?"

CATHERINE LOPEZ-SABLE: So we actually rolled out huddles in a few ways. Initially, we had every single member of the team find out they're the huddle captain for the week. And we basically rotated every single member of the staff weekly so that everyone was responsible for presenting huddles. And we did that initially to pretty much have people feel empowered or to give them a sense of accountability also.

They gave a lot of push-back around that initially but now, the way we roll out our huddles weekly are by discipline. So everyone from each discipline-- doctors, nurses, social workers, front desk staff-- they all take turns presenting huddles weekly. And it's interesting, because when each discipline presents, they present issues or items that are critical to their area of expertise, which is nice also because our concern, at least on an administrative level, may not be the concerns of other member of the staff.

STEVE LUCKABAUGH: Another question-- "Do you have experience discussing patients with suboptimal viral load suppression during huddles?"

CATHERINE LOPEZ-SABLE: That is pretty much discussed during rounds. When we discuss huddles, we don't really highlight patient medical issues.

STEVE LUCKABAUGH: "And what are some of the barriers to adopting huddles in your team?"

CATHERINE LOPEZ-SABLE: The barriers for us are always time. So let's say if a doctor has a large caseload and one patient comes in late, it's like a trickle effect and that will prevent that doctor from attending rounds. But at our practice, we have a person responsible to give back that information to the team or their team every single day.

So let's say a member of my staff is unable to attend. I go back and I give the huddle topics or review the huddle topics at the end of the day with every single person on my staff. And the same goes for all the supervisors for each discipline.

STEVE LUCKABAUGH: "What would be the purpose for two people doing the huddle, as you were stating on one of the slides?"

CATHERINE LOPEZ-SABLE: So we found that if there are issues or concerns that are brought up, it's always good to take notes. And maybe the facilitator of the huddle for the day is just reading off from a sheet of paper. But we also have a person responsible for taking minutes at the end of each huddle and we'll communicate that ahead of time. Certainly, the facilitator can also take notes but we have a recorder for every single huddle. So it's critical for that person to take notes and follow up with administration, especially if things do come up that need follow-up.

STEVE LUCKABAUGH: "And you mentioned no longer than 15 minutes for the huddle. Why would that be?"

CATHERINE LOPEZ-SABLE: Well, I think 15 minutes allow for a good conversation starter and a lot of things that are brought up during huddles may need follow-up, to be honest with you. So you want to keep it to a short amount of time. That way, everyone else can go about their day-to-day operations. If you do it at the end of the day, you're closing or ending the day off with discussion and there'll be follow-up the following day, if possible or at least you're closing the loop. So you don't want it to be longer than 15 minutes.

STEVE LUCKABAUGH: If anyone else has any questions, please enter them now and we can address them while we have some time. Another question. "In your facility at CSS, who participates in the huddles?"

CATHERINE LOPEZ SABLE: Absolutely everyone-- it's doctors, nurses, social workers, psychiatrists, front desk staff, the technicians-- just pretty much everybody.

STEVE LUCKABAUGH: Is that the sort of thing where you require everyone to participate or--

CATHERINE LOPEZ-SABLE: Yes.

STEVE LUCKABAUGH: OK.

CATHERINE LOPEZ-SABLE: It's mandatory at our practice.

STEVE LUCKABAUGH: "Have you seen any benefits to your HIV testing program coverage as a result of huddles?"

CATHERINE LOPEZ-SABLE: Have I seen any benefit?

STEVE LUCKABAUGH: "Have you seen any benefits to your HIV testing program coverage as a result of huddles?"

CATHERINE LOPEZ-SABLE: Well, during our huddles, we review a lot of hospital initiatives not particularly on a practice level at the moment. So our HIV testing-- we have had HIV testing improvements, if that's the question. I'm not too sure what the question is. I'm sorry.

STEVE LUCKABAUGH: "How do you stress the importance of attending a huddle to all departments within your practice to avoid concerns and issues during providers seeing patients?"

CATHERINE LOPEZ-SABLE: So I think when we discussed the importance of huddles initially during our implementation, we emphasized the need to carve out time to discuss any pertinent issues during this time. It's critical for our patient care to stick to our day-to-day activities without interruptions and this gave us a space to come together to discuss a lot of the issues that aren't addressed on a day-to-day basis.

STEVE LUCKABAUGH: All right. I'm not seeing any more questions right now. Did you have any final thoughts before we wrap it up?

CATHERINE LOPEZ-SABLE: I just want to say thank you for all those that attended today's huddle session. And like I said before, if you have additional questions that you can't think of right now, feel free to reach out to me via e-mail or phone.

STEVE LUCKABAUGH: All right. So I'd like to thank you all for participating in today's webinar. Take care, everybody, and we'll see you next time.

CATHERINE LOPEZ-SABLE: Thank you.