



Incubator Phase of the National Learning Collaborative on Using the MDS 3.0 as the Engine for High Quality Individualized Care

Shift Huddles Tip Sheet

What It Is:

A **Huddle** is a quick meeting to share and discuss important information. **Start of Shift and End of Shift Huddles** provide a way to share information about each resident as everyone starts work and to recap any information at the end of the shift that needs to be shared with the next shift. They can be done in a stand-up meeting or as room to room walking rounds with the charge nurse and CNAs together checking on each resident. It helps to have other disciplines join in to share their information and to hear information that can help them contribute to the team caring for residents.

Why Do It:

A shift huddle reinforces teamwork and allows everyone to hear about every resident so staff can provide help to residents not on their assignment. Communication of essential information cannot be left to chance. When it is shared in a group, everyone hears EXACTLY the same information and can share what they know. The group can problem-solve any issues on the spot.

Who Participates:

Shift Huddle is a gathering of the nurses and CNAs working together by unit and shift. It is good to include housekeeping, social work, activities, and therapy or to huddle again quickly later in the shift when these others can participate.

When To Do It:

Shift huddle should occur at the beginning and at the end of the shift. If there is a paid shift overlap, it can be done with staff from both shifts. Huddles can also occur at other times as needed, such as before staff go on break, when a new resident arrives, when an issue arises that needs the team to come together, or when other departments can participate in a short discussion.

How Long:

Start and end of shift huddles should take no more than 15 minutes. In-the-moment huddles can often complete business in less than 5 minutes but may take longer.

How To Do It:

This needs to be a positive mutual exchange of information needed to care for each resident on the hall. Standing Agenda Items may include:

- ∞ **Resident by resident report by exception**, focused on *risks and opportunities, including quality of life and quality of care*, using MDS areas of functional status, mood, and customary routines as a guide. INTERACT^{II} *Stop and Watch* is an excellent tool to focus the end of shift exchange.
- ∞ Anyone due for their **MDS** (in their **Assessment Reference Date - ARD**)
- ∞ **Changes in Census – people coming in or leaving**



- ∞ **Information about new residents**, including social history, family information, medical needs, customary routines and special needs
- ∞ **Reportable Events, Incidents, Accidents** for any resident
- ∞ **Complaints and Compliments** for any resident
- ∞ **Follow-up on any issues** raised for which the loop needs to be closed
- ∞ Any **clinical area** that is being worked on (e.g., pressure ulcers)
- ∞ **News from any department** requiring staff knowledge or coordination
- ∞ Introduction of and check-in with **new employees**

Keys to Success:

Be on time, this is a short meeting. It needs to start and end on time. **Everyone** needs to be there on time and be prepared to share.

Process:

This is an exchange among CNAs and with the charge nurse and other staff. At the end of the shift, **CNAs share information** for each resident on their assignment. At the start of shift, nurses give information provided by CNAs and nursing from the previous shift's end of shift report. Other staff may add relevant information about that resident.

Report is **by exception**, focused on risks and opportunities in **quality of care and quality of life**. For example if someone is at risk for pressure ulcers, discussion will include how well they ate and drank, and any positioning issues. If someone has been depressed, the discussion will include their interactions and participation in activities. If a resident does not seem to be oneself that day, this is noted and discussed. See **INTERACT^{II} Stop and Watch** for good examples of issues to note.

Critical Thinking:

To be successful shift huddles have to be valuable to the participants. These are not rote reports. They are opportunities for critical thinking and problem-solving together to ensure the best care for each resident.

Provide Support:

It is optimal to have the support of nursing management answering lights and meeting residents' needs while CNAs and the charge nurse are rounding or having stand-up so that they can have uninterrupted time.

Huddles should be supportive, not negative. Provide mentoring to those nurses who need help on how to facilitate positive team building huddles.

For a short video How-to on Shift Huddles go to
www.BandFConsultingInc.com/WhatYouDoMatters