

Start of Shift Huddle

What It Is:

Shift Huddles are a coming together of staff to share information about each resident. 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.

Why Do It:

A shift huddle reinforces teamwork and allows everyone to hear about every resident. It allows staff to know about residents who are not on their assignment so that, as needed, they can provide in-the-moment help.

Communication of essential information cannot be left to chance. When information is shared in a group, everyone hears EXACTLY the same information. Additionally, the group can problem-solve any issues on the spot.

As staff become accustomed to meeting together, they can use ad hoc huddles at other times as needed in other ways, such as to problem-solve, assist with difficulties, or free up a co-worker to welcome a new resident.

Who Participates:

Shift Huddle is a gathering, at least, of the nurses and CNAs working together by unit and shift. It is optimal to include other staff such as housekeeping, social work, activities, and therapy. If these staff cannot attend at the start of shift, have another quick huddle mid-shift for them to participate.

When To Do It:

Ideally, shift huddle should occur at the beginning of the shift. If some staff start their work earlier, they can be a bridge from the previous shift. 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 of shift huddles should take no more than 15 minutes. In-the-moment huddles can complete business in under 5 minutes or take longer as needed.

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
- Note anyone in their ARD for MDS

- Recent and Expected Discharges, Hospitalizations, or Admissions
- 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 (eg, pressure ulcers)
- Any news from any department (for example, activities events, maintenance, physical plant, or building wide environmental issues requiring unit-based 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 a process of exchange among CNAs and with the charge nurse. CNAs lead the discussion for residents on their assignment. As CNAs discuss each resident, others add any other relevant information about that resident. Report is by exception, focused on risks and opportunities in both 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 themselves that day, this is noted and discussed. All members of the care team add to the discussion from their sphere of responsibility.

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 so that they can have uninterrupted time.

Rounds should be supportive, not negative. Provide coaching to those nurses who need help on how to facilitate positive team building rounds.