

## QUICK TIPS

### Watch List Huddles

**Huddles** are a good communication tool, and good communication helps staff work better together. They are a quick way to get everyone on the same page as all staff in the huddle are together hearing the same message, with same opportunity to ask questions, talk through any concerns, and offer ideas.

A **Watch-List Huddle** is a short stand up meeting. It is a proactive mechanism for everyone to focus on residents most at risk. While the 24 hour report reviews what has already happened, a watch list huddle is preventive. It is a huddle involving front-line staff and members of the clinical team to talk together about how to approach care for residents in a fragile condition. The DoN or nurse manager can highlight residents you are worried about, brief staff on what to look for, and ask staff what they see. CNAs, charge nurses, and housekeepers can share early warning signs of emerging clinical issues before they become full blown.

A watch list huddle covers the most fragile situations. Include anyone you are worried about, and anyone frontline staff are worried about. Situations that might put a resident on a watch list include newly admitted residents, for the first 72 hours; “at risk” residents; residents with a change in their condition; residents who staff report are not themselves today; and residents pending discharge. As your huddle develops and staff get more comfortable with it, you can start to use it as the time to do a check-in on any area of clinical focus you are working on, such as reducing off-label antipsychotics, or preventing falls.

#### 1. Catch Early Warning Signs:

For the frail elderly a subtle sign can mean something big is brewing. Loss of appetite for a 40 year old is very different than for an 80 year old. A watch list huddle allows you to catch even the subtlest indicators that something is not quite right before it becomes a big issue. CMS has found these five conditions cause for over 80% of the potentially avoidable hospitalizations:

- Congestive heart failure
- COPD, Asthma
- Dehydration
- Pneumonia
- Urinary tract infection

Although many nursing home residents end up hospitalized as a result of these conditions, the reality is that all of these conditions are treatable in the nursing home if they are caught early enough to treat them. Rarely are these sudden onset acute conditions. They start with subtle changes that, if caught and treated early, may prevent a hospitalization.

Through a watch list huddle you can catch the subtlest sign. Those staff who work closest to the resident and see them every day notice when something isn't right with them. Subtle signs, such as a loss of appetite, or not engaging in conversation, being more tired than usual, or not being able to give themselves a clean shave as they usually do can all mean that something is brewing and close monitoring or escalating care is needed. A watch list huddle allows you to harvest the valuable information that frontline staff have.

So that front-line staff can attend, designate others to cover call lights during the huddle.

## **2. Facilitation Skills:**

Good watch list huddles require good facilitation. Good facilitators make sure everyone is involved and that even the shyest staff members contribute and are brought into any discussion. Good facilitation is a skill, and like any other skill, the more we do it, the better we get at it.

The facilitator is the guardian of the process. Effective facilitation tips include:

- Hear from everyone
- Make sure the huddle starts and ends on time
- Keep it short (10-15 minutes)
- Redirect diversions

A good practice is to start a discussion of any resident on the watch list by asking the CNA who routinely cares for the resident for an update on how the resident is doing. Use a round robin check-in at the end of the huddle to see if anyone has anyone else they are worried about is also a good technique. Bring each discussion to a conclusion by noting any action items and who will be responsible. Keep track of who you are watching and why, and what action is to be taken. Consider using a notebook, white board, or flip chart with adhesive paper.

**Keep it Quick:** We recommend that this huddle be done standing up. When people sit it subtly signals a longer “meeting.” Cell phones are an excellent tool for keeping the huddles short and keeping everyone focused. Set it with a timer for ten minutes where everyone can see it. If an issue is taking longer than expected, the facilitator can say “let’s continue this in tomorrow’s huddle.” If the huddle becomes too long it will cease being effective.

## **3. When and How Often:**

Every building is different, and timing of the watch list huddle has to fit into the rhythm of the home’s day. Too early in the morning may mean that key participants can’t make it or too late and still others can’t be there. Talk to staff to see what time works best for them, and use the trial and error approach. Try what seems to be the best time for a week and then check in at the end of the huddle at weeks end. You may need to make a timing change.

Some homes use the watch list huddle daily and others use it several times a week with careful notes on who will do what during the times in between huddles. A home specializing in short stay will get the most benefit from daily huddling and those with long term residents may opt for every other day. Because this communication tool encourages sharing of information you are getting to things earlier and information doesn’t slip through the cracks.

## **4. Just in Time Teaching:**

Use your watch list huddle time as the vehicle for providing your staff with clinical information pertinent to the situation under discussion. Just in time teaching is powerful because as adults we learn best in real time. It is not an abstract concept for staff but rather a real situation that they are seeing unfold in front of them and they know what to expect and what to do. Let people know why they are seeing what they are seeing, and explain expectations. Front line staff are more likely to get the weights done when they know that the resident is experiencing heart issues and weight gain is a sign to watch.

Frontline staff in general love to get this information. It helps them understand what is happening and their role in providing good care. Many frontline staff are their family health expert when they are at home and this kind of education is actually a plus for them in the work.

Just in time teaching can include:

- Short description of the disease or condition
- Review of how to escalate care in response
- What to look for and what to communicate to others
- Asking what the staff are seeing

## **5. Include Everyone:**

Watch list huddles are not meant to include clinical staff only. We recommend that all staff that work on the neighborhood attend the watch list huddle. This way everyone has information about residents. Quite often the housekeepers and maintenance staff who have relationships with residents have a window into what is going on for them in a way that others may not see. They may not know the whole context medically, but they are often eager to learn. They often recognize when a resident is not as chatty as usual and are not quite themselves. This could be a sign of an infection or other emerging condition. CNAs may say, “she’s not eating well, not transferring well,” which gives the nurse an opportunity to share about a medication change that has appetite loss as a side effect. It’s important to know if the side effect is too strong and the medication needs to be modified.

By having everyone involved you are also building teamwork. When there’s a new infection, everyone is alerted at this huddle meeting and everyone’s paying attention. All staff are able to notice issues with residents because they know what to look out for. Staff know when a new resident is coming. Staff may share that a resident had a bad night, and the team is there as a resource to problem-solve on the spot. When people know that their contribution is important it helps with staff stability and job satisfaction.

Make sure to give non-clinical staff thorough training and guidance on HIPPA.

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