Winnipeg Regional Health Authority | Office régional de la santé de Winnipeg
Caring for Health | À l'écoute de notre santé

The "Huddle"

Preparation for "Huddling"

1. **Select the Resident:**
   Try to work on only 1 or 2 resident(s) maximum on any given unit, especially while you are building competency and comfort with using the PIECES model of assessment/care. Choose a resident who does NOT have an underlying mental health diagnosis. Look particularly for residents who display behaviors that are not affected by antipsychotics: pacing, hoarding, calling out, repetitive behavior, mood swings, etc.

2. **Review the Resident Chart:**
   Complete a thorough review of the resident's history, taking particular note of the resident's social history (hobbies, past employment, family, etc.) Look for diagnoses/ issues that could potentially cause pain/depression. Review the current medications. How long has the individual been on antipsychotics and for what behavior(s)? Have the medications changed over the course of time (dose, frequency, type). Are there any potential medication interactions? Has there been any behavior mapping? Have any solutions been tried?

3. **Gather the Team:**
   Involve anyone who "touches" the resident. The huddle should be a multidisciplinary exercise. Include nurses, HCAs, spiritual/pastoral care, social worker, recreation worker, housekeeper, dietary aide and even volunteers if there is a regular volunteer on the unit. Ensure you stress this is going to be a brief "huddle". Keep the huddle to about 20 minutes in length.

Leading the Huddle

1. **Welcome and Overview:**
   Begin with reminding everyone why they've been called together and stress this will be brief. Also stress that the team will come together in another huddle in 1-2 weeks. Let the team know that everyone's observations and opinions are important – there are no wrong answers or silly suggestions.

2. **Review of Resident History/Problem:**
   Briefly review the resident and the findings of your chart review. Ask the team to describe the distressing or risky behaviors they're seeing now.

3. **Brainstorm:**
   Lead the team through a discussion about what the behavior they are seeing might mean. Guide them by referring to the resident's medical and social history. Ask team members for ideas to distract/reduce the behavior. Lead them through thinking through PIECES assessment. If this is a second or subsequent meeting, review DOS and look for patterns. Patterns will often reveal potential solutions.

4. **Plan:**
   As a team, come up with 2 or 3 realistic and "do-able" strategies. Get creative! If this is the first huddle, a baseline DOS should be completed for a period of 1 week prior to implementing any strategies for behavior modification. Implement strategies for 1 week, then on the second week, DOS again.

5. **Ongoing Huddles:**
   Review DOS, medication reductions and progress. Continue to modify plans as needed weekly. Use the same format – ask staff how the week has been, what's worked and what hasn't. Encourage participation from all team members. Continue with huddles until antipsychotics are removed.

The Role of MDS in Huddles

MDS is a powerful tool in helping you and your team determine what is going on with the resident, and how well your behavior modification is going. Encourage your team at the first meeting to pull of the MDS Outcome Scales. Pain and depression are often under-diagnosed and under-treated. Compare the last MDS Quarterly Report to what you're currently seeing. Has there been a significant change over several quarters? Always bring your staff back to the MDS – their assessments in MDS are vital.

The Role of Direct Observation System (DOS)

Before beginning on any plan, you should have your staff complete at least one week of a baseline DOS. Often, staff will say, "she always…or, it never changes", when in fact, there is little evidence to support this. Remember, it is human nature to remember the negative experiences more vividly. Negative resident behaviors are remembered longer by staff and the positive experiences are often downplayed by staff. Doing a DOS helps us to verify that a behavior really is a problem, and also reveals trends. DOS should also be completed after a behavior modification or med has been addressed. Wait at least one week after the change before doing another DOS. Then compare the baseline DOS with the newest one. Are you making progress?

Reducing Antipsychotics

This must be done slowly and with the cooperation of your physicians. Slowly reduce the medications over a period of 6 – 8 weeks, with a DOS completed a week after every medication reduction (i.e. on the second week after the dose reduction).

The Role of Family

Don't underestimate the power of family to help you problem solve. Get them involved right from the beginning, with some education around antipsychotics, their risks and what you would like to do. Stress that quality of life is the goal, and that family is very much a part of the team. Remember, families know their loved ones better than you do!!

Your organizational logo here

Initial Huddle Summary

Resident_____**Huddle Date**_____

Team Members Present

Diagnoses:

Brief Description of Reactive Behaviors: (include duration/frequency)

Current Medications:(include dosage/frequency)

Team Discussion:

Plan:

Unit Nurse Signature_____**Next Huddle date:**_____