



How to Conduct a Huddle

Huddles are quick stand-up meetings that take place at the nursing station, usually by posted MOVE materials on the unit. The aim of the huddle is to quickly review the progress of the project and share success stories, as well as help each other with immediate challenges that are affecting the mobilization of patients. The Education Lead can facilitate the huddle.

To conduct a huddle:

- Choose how frequently the huddles will be conducted (as often as every shift, to once a week)
- Choose how long the huddles will be (we recommend 15 minutes only)
- Decide where the huddles will occur (i.e. by a MOVE poster in the nursing station)
- About 15 minutes before the designated time, have an announcement made about the huddle coming up.
- At designated time, the Education Lead will assemble as many clinicians as possible (since availability will vary, therefore, huddles may happen every day at the beginning of the project and taper the frequency as the project is imbedded into practice)
- Start the huddle by thanking everyone for taking time out of their busy schedule and promise to keep the huddle short and focused
- Remember the guiding principle for the huddle for the MOVE Project is to determine how staff are managing with their mobilization plans and to provide the opportunity to identify barriers and subsequent solutions to mobilizing patients three times a day
- It is helpful to seek feedback on how they are doing and take notes of any barriers and improvement ideas that are brought forward by staff
 - o What is the challenge today in getting your patients out of bed? How is the project going? What do you need? What have you found works well to get your patients out of bed? What hospital services need to be addressed (i.e. availability of PT or assistants may come up)

- If a staff raises a barrier to mobilization, you may ask the other staff for suggestions to overcome this barrier
 - o What have others done to overcome this?
- If additional resources is not possible (as often is the case)
 - o What can we do in the meantime with what we have?
- Suggestions that arise from the huddles may be tested right away (i.e. an allied health professional may ask for training in mobilizing a patient during their assessment, the education leader may arrange this right away; the care team may suggest that the equipment room needs to be organized in order to help access walkers, wheelchairs, etc, and the care then decides on when this will happen and how the change will be communicated
- The result of a huddle may be “nothing needs to be fixed”, “we are on track” (which typically occurs as the project matures)
- The result of a huddle may also be a very long list of “wish list”, please ensure that you focus the group on improvement ideas that the team can impact right away; what is actionable until the next huddle?