

Overview

Multi-disciplinary healthcare teams use various meeting formats to collaborate and plan care for their patients/clients. The most common forms of collaboration meetings are:

- **Daily Huddles:**

Brief stand-up meetings at the beginning of a day or shift to improve team communication, coordination and collaboration. In smaller practice settings, huddles may be used specifically to plan the day, ensure coordination among treating providers, review the patient roster, identify any escalation needs to be addressed. In larger practice settings, huddles may focus on updating team members on safety or quality issues and planning future quality improvement processes. The meeting has an assigned leader but the TCM Care Managers may or may not be present.

- **Escalation Meetings (SBAR)**

Escalation meetings are ad hoc problem-solving meetings convened telephonically or in-person to address emergent or crisis issues involving a client/patient that requires care team input, recommendations and adjustments to services (such as a hospitalization). Not all care team members may be present, and in some circumstances the “team” is the Care Manager and the physician. The Care Manager organizes and leads the meeting and ensures communication is purposeful and the group reaches consensus on next steps.

- **Care Team Meetings**

Regular scheduled meetings of all key players on the care team, including the client/patient and their identified natural and family supports. Care Managers manages these meetings directly. Care Team Meetings can vary by topic and frequency and typically include:

- a. Meetings to address transitions of care status and planning
- b. Standing meetings to review or update care plans (regular schedule)
- c. Case review meetings focused on high acuity clients with more complex needs

Best Practice Guidelines for Meeting Management

1. Establish a purpose statement for each meeting.
2. Assign roles: leader, scribe, timekeeper. Note that the scribe will not always take “minutes.” In some meeting formats (e.g. huddles), the scribe will list follow up items and ensure a responsible party is assigned.
3. Assign a responsible party for each action/follow-up item.
4. Require attendance (in person or video if possible).
5. Establish regular meeting frequency (e.g. daily in the hospital).
6. Start and end on time.
7. Make sure everyone has a voice and develop a meeting process to ensure all perspectives are appropriately heard.
8. Employ tactics to keep the meeting efficient: Set time limits on patient updates or complex case discussions.
9. When discussing patient lists and assessments, allow time for questions or issues to be discussed. Respect different perspectives and focus on providing constructive feedback.
10. Establish ground rules for asking questions and commenting to avoid disruptions and interrupting each other.
11. Establish clear triaging and prioritization processes so more time can be spent discussing patient needs, not who should see the patient.
12. If you are unable to attend, let others know ahead of time and confirm who you will check in with to follow up.
13. Technology should not be a distraction; phones or computers should only be present if needed for the meeting. Mute phones and take urgent calls outside the meeting room.

Team Collaboration Protocols

Daily Huddle Sample Agenda (Post Agenda So It Is Clearly Visible To Team)

Item	Topic	Follow-Up (What/Who)
1.	Safety and quality concerns and successes in the past day <ul style="list-style-type: none">• Patients• Staff• Physicians	
2.	Safety and quality issues for patients on today's schedule	
3.	Review of tracked issues	
4.	Inputs on other safety and quality issues	
5.	Announcement/ Information to share	

Daily Huddle

- **Frequency:** Daily or at start of a shift
- **Duration:** 10-20 minutes
- **Lead:** Can rotate
- **Purpose:**
 - Improve collaboration & communication across the team
 - Review daily patient roster
 - Identify escalation needs
 - The purpose of the huddle is not to solve patient care problems
- **Care Manager Role:** Not required

Escalation Meeting Agenda (Care Manager should ensure latest clinical or trigger data is available)		
SBAR	Topic	Action Steps
Situation	What is the situation you are calling or meeting about? <ul style="list-style-type: none"> • Identify self, patient. • Briefly state the problem, what is it, when it happened or started, and how severe. 	
Background	Pertinent background information related to the situation could include: <ul style="list-style-type: none"> • The current diagnosis • Date of an admission/ED visit or precipitating event (e.g. Police detained on involuntary petition) • List of current medications, allergies, IV fluids, and labs • Most recent vital signs • Lab results: provide the date and time test was done and results of previous tests for comparison • Other clinical information • Code or risk status 	
Assessment	What is the in-person assessment of the situation (by nurse, family member, other clinician)?	
Recommendation	What is the recommendation for action?	

Escalation Meeting

- **Frequency:** As needed
- **Duration:** 20-30 minutes
- **Lead:** Care Manager or designee (e.g. lead physician)
- **Purpose:**
 - Obtain consensus on next steps for an emergent or crisis issues involving a client/patient that requires care team input, recommendations and adjustments to services (such as a hospitalization)
- **Care Manager Role:** Meeting Lead
- **Notes:** Uses the SBAR technique (Situation- Background-Assessment-Recommendation) format for organizing and managing communication in an Escalation Meeting.

Individual Case Review Meeting Agenda	
Topics	Background/Discussion
Participant Name and History	A brief summary of the participant and pertinent history for the purpose of the care review, including care needs.
Assessment and Goals	A summary of the participant's most recent assessment and their goals.
Issue(s) for Discussion and Care Manager Recommendation	<p>Identification of issue(s) for discussion, initial recommendations from the care manager, and consideration of the participant's preferences.</p> <p>Examples include clinical or ethical concerns, referral resources, and participant progress in care. Due to time considerations, include a few key priority issues, as well as the participant's perspective, rather than an all-encompassing list.</p>
Action Plan and Follow-up	A detailed summary of the discussion and recommendations for follow-up. These may not be decision points, but rather, issues for further exploration and review with the client.
Responsible Team Member(s)	Identification of the team member(s) who will provide leadership and assistance to the care manager moving forward on matters discussed during the meeting. This may include overseeing referrals to specialists or other organizations, interventions, and any follow-up.

Care Team Meetings

- **Frequency:** Depending on purpose:
 - Standing Client Review – Monthly or per TCM protocol
 - Case Review – Every two weeks for high acuity
 - Transition of Care – Weekly touch base during 90 day transition plan
- **Duration:**
 - Standing Client Review - 60 minutes
 - Case Review – 30-60 minutes depending on number/complexity of patients
 - Transition of Care – 15-30 minutes
- **Lead:** Care Manager