Title: Huddles: An effective tool in facilitating team-based mental health care

Purpose and Background:

In 2006 the Canadian Coalition for Seniors' Mental Health published the National Guidelines for Seniors' Mental Health: The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms). An interprofessional workgroup at Baycrest facilitated the implementation of this guideline on three mental health and behavioural units in the centre's long-term care facility, partly funded by Healthforce Ontario. As part of the sustainability plan and to address staff requests for just-in-time education in mental health and challenging behaviours, "mental health huddles" were implemented on all three units. In a huddle, staff discuss mental health issues or concerns, brainstorm solutions, act on the solutions and then review the process at the next huddle.

The huddles were implemented in order to provide staff with knowledge and support at the point-of-care. The structure of the mental health huddles is similar to those of falls and safety huddles, an established component of practice in a variety of health care facilities. Mental health huddles are no more than 15 minutes in length and take place on the unit. All regular staff (PSWs, RPNs, and RNs) are expected to attend, and interprofessional and support staff (e.g. social workers, dietitians, housekeepers, unit directors) are welcome to participate. Typically, currently challenging issues are the topic, such as "residents who hoard food and personal belongings", "residents who wander into other residents' rooms and cause distress" and "residents who spit in the dining room". The team also ensures that they celebrate successful implementation of innovative strategies, such as a new approach to bathing a resident who was refusing a shower.

Outcomes/Impact:

Most staff have been very receptive to the huddles and view them as an opportunity to improve care and address stressful situations. The huddles have only recently been implemented, but preliminary findings indicate that they have the desired impact. As a result of huddles, resident medications have been adjusted, swallowing status has been reassessed, care plans have been updated, infection control practices have improved, and behavioural management strategies for specific residents have been discussed, reviewed, and shared amongst the team.

Limitations of the Study/project

Limitations to successful implementation of huddles include difficulty scheduling huddles due to conflicting activities, workload, or conflicting priorities. Communication across shifts is sometimes difficult. As huddles are currently scheduled on specific days when regular staff are working, not all staff have the opportunity to participate. Support from the Unit Directors and staff leaders is crucial to successful implementation.

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Implications for policy, care delivery or practice

Residents with mood and behavioural symptoms may be unpredictable and variable. As a result, these conditions are extremely difficult to manage effectively. Providing staff with the opportunity to discuss issues and generate solutions and/or action plans in a timely manner allows us to capitalize efficiently on the skills and knowledge of all bed side staff when making care decisions. It also ensures that mental health and safety concerns are addressed locally, that proposed action plans are owned by those directly involved in the resident's care, and that strategies can be adapted as needed. Ultimately the mental health care provided to the residents is more directly modified to meet individual care needs and outcomes.

Appendices:

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List of funding/sponsors

Healthforce Ontario
Ontario Research Coalition

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Huddles: An Effective Tool in Facilitating Team-Based Mental Health Care

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Baycrest Enriching Care Enhancing Knowledge Enlightening Minds

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Background

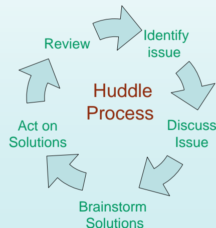
2006

Canadian Coalition for Seniors' Mental Health published National Guideline for Seniors' Mental Health: The Assessment and Treatment of Mental Health Issues in Long Term Care Homes (Focus on Mood and Behaviour Symptoms)

2008-09

Interprofessional workgroup at Baycrest implemented this guideline on three LTC mental health and behavioural units

Mental health huddles implemented as part of sustainability plan



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Mental Health Issues in Long Term Care

•500,000 Canadians are living with Alzheimer's Disease or a related dementia

•67-78% of LTC residents have dementia

•76% of LTC residents with dementia exhibit some form of mood disorder (e.g., depression) or behavioural symptoms (e.g. agitation)

•These behaviours decrease the quality of life of residents

•Understanding these behaviours is essential to the development of effective strategies to reduce and manage these behaviours.

•Ineffective management of mood and behavioural symptoms can result in

- •decreased mobility
- •decreased participation in activities
- •falls, fractures
- •wandering
- •increased challenging behaviours

Methods

•Mental Health Huddles were implemented on all 3 units as a "just in time" learning strategy

•Initially huddles were only conducted during the day shift. Once huddles were established on the day shift, they were also held for the evening shift

• Huddles take place directly on the units & take a maximum of 15 minutes

•Huddles are led by a facilitator who documents on the huddle form

•Huddle topics are determined by staff based on issues occurring on the units at the time

•All regular staff (PSWs, RPNs, and RNs) are expected to attend, and interprofessional and support staff are welcome to participate.

•A copy of the huddle rules and guidelines is placed at the front of a huddle binder and reviewed briefly before every huddle to allow staff to review the discussion and the plan of action

•Once a plan of action has been created, the appropriate person takes responsibility to ensure that the plan is followed through. Responsibility can fall upon the entire team or one individual.

Mental Health Huddles Date:

Attendees:

Follow-up from previous huddle:

Today's Topic:

What happened / is happening?

What has been tried so far?
Think of similar situations too. What have we learned from those?

What will we try now?

Action *Include communication plan if relevant*	Who will do it	Time Frame

What challenges can we anticipate? How will we address them?

Outcomes

A review of the huddle forms was completed for a two month period: August-September 2009

Unit	# Huddles	# Action Plans	# Action Plans Completed
Behavioural Support	10	5	5
Mental Health	8	4	4
Cognitive Support	3	3	3

At times it required multiple huddles to address one topic / develop one action plan

Types of Huddle Topics

For the most part in this two month review, huddle topics fit into one of three categories.

Challenging Behaviours = 2

- Resident spitting in dining room
  Resident was given her own table and the spitting stopped
- Resident screaming
  Engaged resident more on "good days"

Communication = 2

Communication with families regarding care plans
Staff negotiated with family to have resident up in chair when they come in to visit

Communication with staff across shifts
Staff initiated documentation routine for shift change binder

Safety = 8

Resident falling
Mats placed beside bed; falls team experts consulted, resident sat near nursing station, resident given a book to read

Hygiene and clutter in residents' rooms
Entire team took client-centred approach to help residents clean their rooms and to sustain/maintain this; involved residents in the cleaning

Exit seeking
Staff shared strategies to identify when resident was at risk for exit-seeking

Staff Involvement

Every huddle included registered nursing staff (RN, RPN) and PSWs.

Members of the interprofessional and support team who have attended huddles:

Social Worker	Unit Director	Housekeeper
Falls Consultant	Nursing Students	Food Server

Staff Comments:

"We have relationship building, the structure of the huddle improved patients' care, a very good success"

"Manager believes our team has the skills to do it (running the huddle)"

" I enjoy and we appreciate the opportunity to do it"

Discussion

Residents with mood and behavioural symptoms may be unpredictable and variable. As a result, these conditions are extremely difficult to manage effectively. Providing staff with the opportunity to discuss issues and generate solutions and/or action plans in a timely manner allows us to capitalize efficiently on the skills and knowledge of all bed side staff when making care decisions. It also ensures that mental health and safety concerns are addressed locally, that proposed action plans are owned by those directly involved in the resident's care, and that strategies can be adapted as needed.

Limitations to successful implementation of huddles:

- difficulty scheduling huddles due to conflicting activities, workload, or conflicting priorities
- difficulty communicating across shifts
- scheduling to accommodate regular staff means not all staff have the opportunity to participate.

Conclusion

•Huddles have been well received on the units
•Huddles have facilitated team learning and have led to changes in approaches to care
•Huddles provide an opportunity for staff to share their knowledge and experience with each other

•Support from the Unit Directors and staff leaders is crucial to successful implementation.

Thank you to all the team members who have participated in and / or supported the huddles.

This project was funded by HealthForceOntario (The Ministry of Health and Long Term Care)

Support was also provided by the Canadian Coalition for Seniors' Mental Health & the Ontario Research Coalition