

Supporting and Mentoring Staff Through Nurse Practitioner-Led Huddles

Promising Practices to Enable a Healthy Workforce to Provide Person-Centred Care in Long-Term Care

If you are looking for promising practices used in long-term care to foster healthy work environments to deliver safer, higher quality person-centred care, then this resource will be of interest to you.





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Previous evidence has shown that nurse practitioners (NPs) are well-positioned within long-term care (LTC) homes to lead staff huddles with the aim of facilitating collective problem-solving and implementing shared solutions to improve care and increase staff satisfaction. This research study, supported through HEC's [Implementation Science Teams: Strengthening Pandemic Preparedness in Long-Term Care](#), examined the guidelines and resources necessary to successfully introduce NP-led staff huddles in two LTC homes.

This promising practice summary provides an overview of efforts to implement nurse practitioner-led huddles in long-term care homes during the pandemic. It was informed by an interview with Dr. Katherine McGilton, Senior Scientist at the Toronto Rehabilitation Institute, University Health Network.

Objective and purpose of the initiative

How the initiative improves person-centred care and enables a healthy workforce in long-term care

This promising practice incorporates regular co-designed NP-led multidisciplinary staff huddles into long-term care practice to support and mentor staff, reduce their moral distress, improve job satisfaction and enhance person-centred care.

- This initiative is based on evidence that improving the health of the long-term care workforce will lead to improved person-centred care and better outcomes for residents.
- It also provides further evidence of the instrumental role that NPs can play in long-term care settings in teaching and reducing stress among other key staff (for example personal support workers).
- The initiative also aims to improve communication, relationships and teamwork to build a community of healthcare workers in long-term care settings.

“You want to build a community of healthcare workers that want to be together, and they start understanding how each other think and get to know all the residents because they are in huddles and hear about them. That’s building a community and we need to do this more in long-term care and huddles are an opportunity to try to change.”

- Interview Participant

Approach

Main features of the initiative

The idea of implementing multidisciplinary staff huddles in long-term care homes emerged from an extensive literature review about the positive impact of huddles in other care settings (e.g. acute care) and research observations in long-term care settings gathered during the COVID-19 pandemic response which highlighted the positive outcomes that NPs create in terms of reducing residents’ suffering.

- These observations noted that NPs were providing medical care while also supporting other staff, which proved important for staff retention during the COVID-19 crisis.
- COVID-19 showed that a focus on the health and well-being of staff was critical, along with providing education to staff on end-of-life care and how to manage residents with complex issues.

Huddles were identified as a strategy to support and engage staff and problem-solve as a group with the help of an NP facilitator. Huddles were co-designed with long-term care staff to meet their needs and focus on topics of interest.

Through the huddles, NPs teach basic principles of person-centred care and help staff apply these in real-time at the bedside.

Huddles were also implemented to provide:

- an opportunity to openly discuss prevalent issues among staff and residents in long-term care homes.
- a regular forum for providing clear direction and improving team communication.
- regular checkpoints to work through resident care situations and problem solve as a group.

The huddles spanned 15 minutes in length and were held at the same time (2:30 p.m.), twice a week to promote participation. Issues were often raised at the first weekly huddle and an action plan was subsequently developed; often the second weekly huddle would focus on reviewing the action plan and determining whether further follow-up actions were required.

Other key features of the huddle include:

- An experienced NP who is responsible for leading and facilitating huddles.
- Facilitator scripts and a best practice toolkit were also developed based on evidence from the literature review as well as staff input and needs. Seven scripts were developed to help guide huddle dialogue around different common issues, including moral distress.
- Suggestions for huddle topics were also gathered using anonymous improvement cards and by posting topics on a staff common area whiteboard.
- Working groups – composed of staff from all levels, including management – were also established in each long-term care home to act as the steering committee. Members of the working groups typically ranged from three to 12 people, with an average of eight individuals.

Another key responsibility of the NP facilitator role included mentoring other staff in the long-term care setting to eventually take on the role of facilitator.

The research team met with the NPs biweekly to keep track of their workload and how the facilitation process was progressing.



Resident, family and essential care partner involvement

NPs and long-term care homes were consulted before the project was initiated. This was positively received by long-term care home administrators.

NPs were recruited through previous relationships with the research team and through connections with the Nurse Practitioner Association of Ontario.

- Even though participating in the research project was over and above an NP's usual workload, facilitators agreed to participate for no additional remuneration. The research team did not encounter issues in recruiting NP volunteers.
- The huddles were established as a staff resource, so families and residents were not involved; however, staff liaised with residents and families as part of the huddle process as appropriate and relevant.

Who was involved?

The project was co-designed with long-term care home staff and endorsed by long-term care management.

Working groups and steering committees were set up in each home and included staff from all levels, including management. These groups were involved in tailoring the huddles to the needs and issues of the local long-term care setting.

Implementation

Timeline

Developing and piloting the initiative spanned one-year, including monthly meetings with long-term care administrators and the research project teams.

Developing and testing potential huddle models, along with accompanying materials, required approximately four months of planning work; implementation and adaptation took place over the following eight months.

During this project, about 48 huddles were held, occurring twice a week in long-term care homes.

Required skills, expertise and resources

Expertise from the NP lead, including:

- facilitation and listening skills
- person-centred care knowledge and practice
- an inclusive approach
- respect for the diversity and range of staff involved
- ability to mentor staff
- A champion in each home to provide logistical support and collect data about the initiative (e.g. a quality assurance and risk management lead and a care director).
- A focus on relationships and relational skills to build trust and support learning.

Barriers and challenges to implementing the initiative

- Existing team conflicts.
- Individuals who dominated group conversation and time during team meetings.
- Initial staff hesitancy to participate due to lack of time as well as high staff turnover.
- Time constraints and busy schedules.

Key enablers to implementing the initiative

- Leadership and support from long-term care home management.
- Management's openness to receiving feedback from the huddles on what could be improved in the long-term care setting.
- Using a strong, skilled facilitator who is from the nursing team (such as an NP).
- Basing initiative design and approach on evidence and best practices.
- Keeping the huddles short, relevant and focused on timely issue resolution.
- Ensuring that huddles were scheduled at the best time to promote attendance and fit into staff's busy schedules.
- Acknowledging that introducing new practices in long-term care is challenging and requires ample time.

Impact of the initiative

Indicators of success

- Long-term care homes reported that they were integrating the new huddles framework into their regular workplace processes and practices.
- Managers reported benefiting from listening and hearing from staff about what other support they may need to improve their health and well-being.
- Long-term care homes reported an improvement in communication across various staff levels and between staff and management.
- Direct care staff who regularly attended huddles reported a lower level of overall moral distress than those who did not attend.

How success was measured

- NP leads were required to fill out reflection sheets which allowed them to report on the number of huddles held, how often they were held and any key results and outcomes.¹
- Interviews with staff were also conducted using a semi-structured guide based on the Consolidated Framework for Implementation Research. The following questions were asked:
 - What worked well?
 - What didn't work well?
 - What makes a good facilitator?
 - Were the staff receptive to huddles?
 - Do you have any recommendations to improve huddles?
 - Was adequate support received for implementation?
 - Do huddles fit within the unique context of your unit or home?
 - Do you intend to continue using huddles?

Sustainability and scalability

Sustainability

The research team helped long-term care homes develop policies and procedures to maintain the initiative going forward.

“We believe nurse practitioners need to be in long-term care homes fulltime and this is a perfect way of using their expertise and skills to lead the teams to better places and to support staff.”

—Interview Participant

Scalability

The initiative is scalable to other long-term care settings because it is evidence-based and includes prescriptive elements (e.g. scripts and a toolkit) that can be tailored and contextualized to different LTC settings. Iterative, continuous improvement elements are also integrated as part of the process, allowing adaptation and customization during implementation.

It is also possible for other staff (non-NPs) to be equipped to facilitate huddles. Interviews with staff revealed that the attributes of a good facilitator include:

- strong leadership and listening skills
- well-informed, positive and encouraging of their co-workers

1. Reflection sheets leveraged the Huddles Observation Tool, which was adapted to better fit the context of LTC. Information related to this tool can be accessed at: <https://qualitysafety.bmj.com/content/27/5/365>

- patient, open-minded, knowledgeable of the unit and the residents
- an enthusiastic attitude about their job
- in a position to escalate discussions and follow-up with management as needed

Additional resources

- Publication:
[Development and Evaluation of a Nurse Practitioner Huddles Toolkit for Long Term Care Homes | Canadian Journal on Aging / La Revue canadienne du vieillissement | Cambridge Core](#)
- Interview with researchers:
[Huddles for Hope | UHN Research](#)
- Huddles toolkit:
<https://www.encoarteam.com/huddletoolkit>
- McGilton, K. S., Krassikova, A., Wills, A., Bethell, J., Boscart, V., Escrig-Pinol, A., Iaboni, A., Vellani, S., Maxwell, C., Keatings, M., Stewart, S. C., & Sidani, S. (2023). Nurse practitioner led implementation of huddles for staff in long term care homes during the COVID-19 pandemic. *BMC Geriatrics*, 23(1), 1-713.
- Wills, A., Krassikova, A., Keatings, M., Escrig-Pinol, A., Bethell, J., & McGilton, K. S. (2023). Assessing the implementation of nurse practitioner-led huddles in long-term care using the consolidated framework for implementation research (CFIR). *BMC Nursing*, 22(1), 193-193.

For more information

- For more information on this initiative, Dr. Katherine McGilton can be contacted here: [Kathy McGilton | Rehabilitation Sciences Institute \(utoronto.ca\)](#)