

# APPENDIX 3

# Huddle Report User Guide



**Quality Management**  
California Correctional Health Care Services

Management Reports

Patient Registries

Other Resources

- Dashboard #1
- Delegation Dashboard
- Dashboard Resources
- Executive Reports
- High Risk Patient Transfer Summary
- Mental Health Report
- Patient Safety Dashboard
- Scheduling Diagnostic Trends

- Automated Huddle Report
- Master Registry
- Patient Summary
- Mental Health Registry
- Medication Registry
- ESLD Registry
- HCV Registry
- ATV Registry
- QD/Marginal Registry

## DAILY HUDDLE REPORT

Elswhere State Prison (ESP)  
Facility A

HUDDLE ATTENDANCE			
Care Team 1:		Care Team 2:	
Position	Last Name	Position	Last Name
PCP		PCP	
PCRN		PCRN	
LVN/MA		LVN/MA	
Scheduler/OT		Scheduler/OT	
Medication LVN		Medication LVN	
Other (NH, Pharm, D, DS):		Other (NH, Pharm, D, DS):	
Other:		Other:	

**SECTION 1: CRITICAL CLINICAL INFORMATION - ENTIRE PATIENT PANEL**

Were any of our patients seen by the On-Call Provider? Resource: TTA and POC Log/Report			
CDCK #	Last Name	Reason	Disposition

Patients Returning from Higher Level of Care (includes Community Hospital, TTA, QIU, CTC, MHCB, DSM, Special)

1. Ensure records have been obtained for review.
2. Ensure follow-up appointment occurs within appropriate timeframe.
3. Review Patient Summary.
4. Facilitate implementation of orders and clinically appropriate recommendations; modify treatment plan as appropriate.

CDCK #	Last Name	Risk Level	Return Date	Facility	Reason	Report Avail.	Next POC Appt.

In this guide you will find:



1. How to Access the Huddle Report



2. Features of the Huddle Report



3. Huddle Report Registry Self-Study

- [Click here to view a Sample Huddle Report with mock patient data.](#)
- [Click here to view Huddle Report Specifications and Definitions.](#)

# Huddle Report User Guide

## Huddle Report Overview

Under the current delivery model structure, care teams at each institution are assigned a panel of patients, and it is the responsibility of the care team to directly provide the majority of primary care services to the patient panel, and coordinate care when patients require services beyond what the care team offers.

To keep current on critical health care events impacting the patient panel and plan for each clinic day, care teams meet in a huddle every morning. The care team must cover a series of topics per policy, and to prepare for these discussions, care team members collect information from multiple information sources.

The Automated Huddle Report provides an efficient way to provide care teams with the critical clinical data they need for their daily huddles, saving hours of daily data collection by combining information from more than ten unique sources into a single on-demand report. The goal of the new report is to improve care team efficiency and decrease the potential for overlooked or misinterpreted information, which can lead to adverse outcomes for patients.

Users may choose from a list of care teams for each institution, and all information is customized to the selected care team's assigned patient panel. If electronic information is not available for a mandatory huddle topic, such as upcoming vacation for care team members that may impact clinic coverage, there is a placeholder in the Huddle Report to prompt the care team to discuss the topic, ensuring that teams address all of the important clinical and operational topics required in current policy. With space for attendance tracking and other documentation, the Huddle Report is intended to serve as both a source of information and a means of documenting discussion and actions on individual topics.

## Basic Organization of the Huddle Report

### 1.) Huddle Attendance

### 2.) Critical clinical information regarding the panel's patients:

- Seen by On-Call Provider
- Returning from Higher Level of Care
- Transferred to Higher Level of Care
- Significant Lab or Diagnostic Reports
- Patients New to Care Team
- High Risk Patients Who Left Care Team
- Expired Medications
- Expiring Medications
- Medication Administration Policy Alerts
- Other Medication Concerns

### 3.) Detail on today's patients

### 4.) Clinical operations

- Unscheduled or Overdue Appointments within 4 Days of Compliance
- Scheduling / Backlog

## Policy References

Use of the Huddle Report and Patient Registries is required per policy:

- IMSP&P, Volume 4: Medical Services, Chapter 1: Complete Care Model Policy
- IMSP&P, Volume 3: Quality Management, Chapter 1: Quality Management System Overview



# 1. How to Access the Automated Huddle Report

Automated Huddle Report can be accessed from Lifeline>QM Portal by:

**1** Open Internet Explorer and go to Lifeline.  
Click on Quality Management (found in the menu on left side of screen).

**Divisions/Programs**

- Executive Operations**
- Communications
- Corrections Services
- ECHOS/EHRS Project
- Information Technology
  - Information Security
- Legal Services
  - Privacy
- Legislation
- Health Care Operations**
- Dental Services
- Medical Services
  - Dietary
  - Health Info Management
  - Laboratory Services
  - Medical Imaging
  - Pharmacy
  - Public Health
  - Telemedicine
  - Utilization Management
- Mental Health
- Nursing Services
- Quality Management**
- Policy and Administration**
- Business Services
  - Acquisitions Management
  - Business Operations
  - Medical Contracts
- Labor/Staff Development
- Policy and Risk Management
  - Correspondence and Appeals
- Resource Management
  - Fiscal Services
  - Health Care Invoicing
  - Human Resources

Click here →

**2** After being redirected, click on the QM Portal (found in the menu on right side of screen).  
*A new window opens.*

**What's New?**

- NEW** Root Cause Analysis Tool Kit
- NEW** 2014 Patient Safety Report

**Quick Links**

- 🔗 Patient Safety Resources
- 📊 CCHCS Dashboard
- 📅 Improvement Plan 13-15
- 📅 Patient Safety Priorities 15-16

**External Links**

- ➔ **Quality Management Portal**
- ➔ Patient Safety Portal

Then here →

**3** Find and click the Automated Huddle Report link in the center column of the QM Portal.

**Quality Management**  
California Correctional Health Care Services

Management Reports	Patient Registries	Other Resources
<ul style="list-style-type: none"> <li>• Dashboard Resources</li> <li>• Executive Reports</li> <li>• High Risk Patient Transfer Summary</li> <li>• Mental Health Reports</li> <li>• Patient Safety Dashboard</li> <li>• Scheduling Diagnostic Reports</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Automated Huddle Report</b></li> <li>• Master Registry</li> <li>• Patient Summary</li> <li>• Mental Health Registry</li> <li>• Medication Registry</li> <li>• ESLD Registry</li> <li>• HCV Registry</li> <li>• HIV Registry</li> </ul>	<ul style="list-style-type: none"> <li>• Complete Care Model Collaborative</li> <li>• Best Practices Library</li> <li>• Care Guides &amp; Guidelines</li> <li>• Continuing Education Materials</li> <li>• PIWP Resources</li> <li>• Polypharmacy Resources</li> <li>• QMSU Resource Center</li> <li>• Scheduling Resources</li> </ul>

Click here →

## 2. Huddle Report Features

1. Filters

2. Use this drop down to select your institution

3. Use this drop down to select a care team

Institution ESP Care Team Facility A

View Report

4. Click "View Report" to refresh the report after choosing filters

5. Export to Excel or PDF to print

XML file with report data  
 CSV (comma delimited)  
 PDF  
 MHTML (web archive)  
 Excel  
 TIFF file  
 Word

### DAILY HUDDLE REPORT

Elsewhere State Prison  
 Facility A

6. For easier attendance tracking, fill out this section before the Huddle – hand-write or download report in Excel and enter data

Friday, January 15, 2016

7. Today's date will appear

HUDDLE ATTENDANCE			
Care Team 1: _____		Care Team 2: _____	
Position	Last Name	Position	Last Name
PCP		PCP	
PCRN		PCRN	
LVN/MA		LVN/MA	
Scheduler/OT		Scheduler/OT	
Medication LVN		Medication LVN	
Other (MH, Pharma, D, DDS):		Other (MH, Pharma, D, DDS):	
Other:		Other:	

## 2. Huddle Report Features

8. Sections that do not have centralized data are left blank; staff fill in these areas before or after printing (as appropriate)

### SECTION 1: CRITICAL CLINICAL INFORMATION - ENTIRE PATIENT PANEL

Were any of our patients seen by the On-Call Provider? Resource: TTA and POC Log/Report

CDCR #	Last Name	Reason	Disposition

9. Care teams are prompted about required huddle topics

Patients Returning from Higher Level of Care (includes Community Hospital, TTA, OHU, CTC, MHCB, DSH, Specialty)

1. Ensure records have been obtained for review.
2. Ensure follow-up appointment occurs within appropriate timeframe.
3. Review Patient Summary.
4. Facilitate implementation of orders and clinically appropriate recommendations; modify treatment plan as appropriate.

10. Data that is readily available will be automatically generated and populated in the report

CDCR #	Last Name	Risk Level	Return Date	Facility	Reason	Report Avail.	Next PCP Appt
ZZ88887	SAMPLE1		01/09/16	Hospital X	Unspecified		1/12/2016
ZZ88888	SAMPLE2		01/11/16	SNF	ALTERED MENTAL STATUS		
ZZ88889	SAMPLE3		01/08/16	Hospital Z	Offsite Specialty - Referral to Oral Surgery		01/12/16

### 11. Other Features



Any data points that change a pointer to a hand symbol is clickable. Clicking will open a new dialog box or expand the section for additional information.

Complex Care



Click on a checkmark to open a new dialog box.

Patients with Medication Administration Policy Alerts



1. Determine appropriate intervention for patients who meet r  
2. Identify and evaluate as necessary systemic barriers to medi

Click on the plus symbol [⊕] to expand the table.

# 3. Huddle Report Self-Study

## View your Care Team's huddle report

1. Select your Institution, if not already set as a default
  - Contact [QMstaff@cdcr.ca.gov](mailto:QMstaff@cdcr.ca.gov) if you need to reset your default institution
2. Select Care Team in the drop down menu
3. Click "View Report" to refresh report data

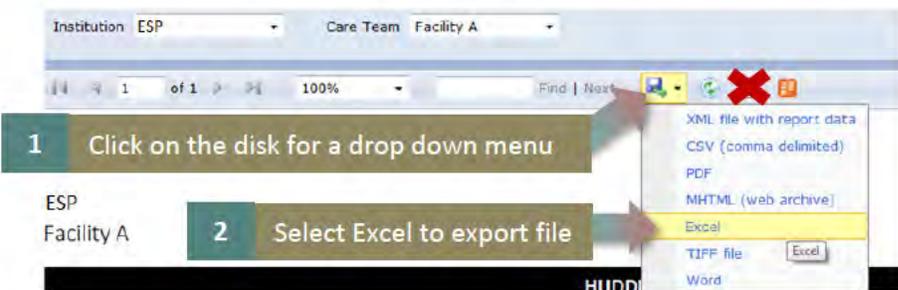


## Export Huddle Report to Excel and Print

The Huddle Report is an automated report but there are some sections that require manual data entry. It is recommended that users export the Huddle Report so that it can be used as an interactive tool and be printed.

Please note that the printer icon IS NOT FUNCTIONAL. To print, you must first export the report.

1. Click on the floppy disk icon to expand the drop down menu with export options
2. Click on "Excel" to download the report, and users can print directly from Excel



3. If your report is extra wide, you can set it to print at the width of 1 page. See example below.



## Log Daily Huddle Attendance

Complete Care Model implementation requires documented daily huddle attendance. Space is provided on the report for all attendees to sign their name next to their applicable classification title. Since some huddles include more than one care team, space is available for up to two teams to sign in.

1. Fill in Care Team names
2. Attendees sign by their applicable title

HUDDLE A	
Position	Last Name
PCP	
PCRN	
LVN/MA	
Scheduler/OT	
Medication LVN	
Other (MH, Pharma, D, DDS):	
Other:	

# 3. Huddle Report Self-Study

## Section 1: Critical Clinical Information - Entire Patient Panel

A. **On-Call Provider:** Patients seen by an on-call provider should be recorded in this section. Additional information brought by the Primary Care Physician such as information from the TTA log and On-Call log should also be recorded.

Were any of our patients seen by the On-Call Provider? Resource: TTA and POC Log/Report			
CDCR #	Last Name	Reason	Disposition

B. **Patients Returning from Higher Level of Care:** Patients who transferred and are returning from a Higher Level of Care (HLOC) within the last 7 days will appear on this table. HLOC facilities includes Community Hospitals, TTA, OHU, CTC, MHC B, DSH, and Off-Site Specialty Returns.

1. Click on "CDCR #" to view their Patient Summary
2. Click on "Risk Level" to view their Patient Risk Profile
3. If patient has a Discharge Summary or Specialist Report, it will show the date that the report became available under "Report Avail."
4. Appointments "To Be Scheduled" or "In Queue" will **NOT** appear under "Next PCP Appointment"

### Patients Returning from Higher Level of Care (includes Community Hospital, TTA, OHU, CTC, MHC B, DSH, Specialty)

1. Ensure records have been obtained for review.
2. Ensure follow-up appointment occurs within appropriate timeframe.
3. Review Patient Summary.
4. Facilitate implementation of orders and clinically appropriate recommendations; modify treatment plan as appropriate.

CDCR #	Last Name	Risk Level	Return Date	Facility	Reason	Report Avail.	Next PCP Appt
XX1234		MED	01/03/16	SNF	UNSPECIFIED PSYCHOSIS	1/2/2015	
		MED		SNF	ADJUSTMENT DISORDER WITH ANXIETY		
		MED		SNF	SHARED PSYCHOTIC DISORDER		
				SNF	UNSPECIFIED		
				SNF	DEPRESSIVE D		

1 Click CDCR # for Patient Summary

2 Click for Patient Risk Profile

3 Find if Report is available

**Patient Summary**

Inst: OHCF Care Team: Flo EDI-25 Complex Care:    
 Arrival Dt: 08/0/2011 Huddle: EDP Clinical Risk: HIGH 1   
 IPRD: 02/27/2012 TR: Case 2 Mental Health: EDP   
 Call Inst: E-201511000201 Care: Restricted 2 Physical Exam: TB

**Admission & Access to Care** **Care Manager**

One Care/Access: ADA Specialty Referral Level:

Effective Communication:  Community Referral:

Speech:  No Possible Contact:

**PATIENT RISK PROFILE**

Patient Name: CDCR #: Inst: Care:   
 ESP: FAC A:

Clinical Risk:	Birth Date:	Age:	Mental Health:	DPP Code(s):
HIGH 1			CCOMB	DNM

Q1. How many patients returning from HLOC do not have a report available? A1. \_\_\_\_\_

C. **Patients Transferred to Higher Level of Care:** Patients currently housed at a HLOC facility as of 5AM that morning will appear on the report. Patients will remain on this list until they return to their institution from the HLOC facility. If there are no patients transferred to HLOC, the report will state "No Patients Found".

Patients Transferred to Higher Level of Care						
1. Determine if any Care Team information needs to be communicated to the receiving HLOC team.						
2. Anticipate patient's return; ensure any necessary services are provided and follow-up appointments are booked.						
CDCR #	Last Name	Risk Level	Admission Date	Facility	Reason	Disposition
XX1234	SAMPLE	MED	12/30/15	SNF	ADJUSTMENT DISORDER WITH ANXIETY	

Q2. How many patients in your panel were transferred to Higher Level of Care? A2. \_\_\_\_\_

# 3. Huddle Report Self-Study

D. **Patients with Significant Lab or Diagnostic Reports:** Lab results for all patients will soon feed from Quest for Priority Level 1 and 2 labs from the last 7 days; however, other significant labs and diagnostic results will need to be retrieved from other sources (i.e. care teams will need to fill in radiology information). Space is provided for care teams to record plans to address an abnormal lab.

1. Fill in this section as appropriate, pay particular attention to the "Plan" section

Patients with Significant Lab or Diagnostic Reports			
CDCR #	Last Name	Abnormal Result / Reason	Plan

E. **Patients New to Care Team within the Past 7 Days:** Patients that transferred to the care team within the past 7 days are listed in this section with key information about the patient transfer.

1. If the patient has Complex Care needs, it will be notated by a checkmark [✓]. Click on the checkmark for detailed information regarding the Clinically Complex criteria met by this patient.
2. If the patient is transferred from a care team within the institution, it will notate the care team name; if the patient is transferred from a care team at another institution, it will notate the institution name.
3. If the patient has a PCP appointment scheduled, the date of the appointment will be in the "Next PCP Appt" column.

Patients New to Care Team within the Past 7 Days						
1. Determine if any Care Team information needs to be communicated to the receiving HLOC.						
2. Anticipate patient's return; ensure any necessary services are provided and follow-up appointments are booked.						
CDCR #	Last Name	Risk Level	ComplexCare	Transfer Date	Transferred From	Next PCP Appt
		MED		1/11/16	ESP	01/14/16
		HIGH 2	✓	1/10/16	Facility C	
		MED		1/9/16	ESP	
		MED	✓	1/9/16	New I	
		LOW			New Inmate	

Complex Care Details						
CDCR:						
Complex Care Factors						
MH Admits	EOP+	Med Hold	PolyRx	High Risk	Recent Hosp	SOP
✓	✓					

Q3. How many new patients to our panel do not have a PCP appt. scheduled? A3. \_\_\_\_\_

F. **High Risk Patients Who Left Care Team within the Past 7 Days:** High Risk patients that transferred to another care team within the past 7 days, and includes where the patient was transferred to.

High Risk Patients Who Left Care Team within the Past 7 Days			
1. Communicate important clinical information to receiving Care Team.			
CDCR #	Last Name	Transfer Date	Transferred To
		01/08/16	Facility C

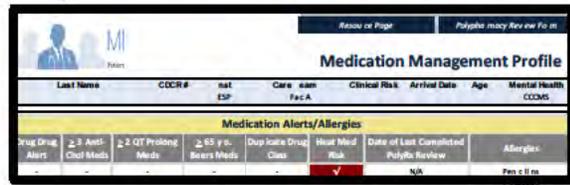
# 3. Huddle Report Self-Study

G. **Patients with Medications that Expired in the Past 3 Days:** Patients with medications that recently expired in the last 3 days will appear on the table. Patients with expired medications being seen that day will not appear on the table.

1. Click on a "Medication" to view that patient's Medication Management Profile

**Patients with Medications that Expired in the Past 3 Days**  
1. Review recently expired medications and renew as appropriate.

CDCR #	Last Name	Risk Level	Complex Care	Cell Bed	Medication	Start Date	Exp Date	Expired
		HIGH 1	√		TRIAMCINOLONENASAL	12/11/15	01/10/16	1 Day ago
		MED			DICYCLOMINE			
		HIGH 2	√		FLUOCINOLONE001	10/27/15	01/10/16	1 Day ago



H. **Patients with Medications Expiring in the Next 3 Days:** Patients with medications that are expiring within the next 3 days will appear on the table. Patients with expiring medications being seen that day will not appear on the table.

**Patients with Medications Expiring in the Next 3 Days.**  
1. Review expiring medications and renew prior to medication expiration (anticipate weekends, holidays, and provider time off to prevent gaps in treatment).

CDCR #	Last Name	Risk Level	Complex Care	Cell Bed	Medication	Start Date	Exp Date	Expiring
		HIGH 1	√		ATORVASTATIN	12/10/15	01/11/16	0 Days
		LOW			HYDROXYZINEPAMOATE	11/12/15	01/11/16	0 Days
		MED	√		SERTRALINE	11/12/15	01/11/16	0 Days

I. **Patients with Medication Administration Policy Alerts:** Patients who missed at least one dose of a critical medication as per the Medication Adherence Procedure (i.e., Active TB medications, Clozapine, Anti-rejection medications post-transplant, and PC2602 medications) will appear on the table. Medication data is automatically generated for EHRs institutions only; all other institutions will need to manually fill out the table. [Click here to access the Medication Adherence Procedure.](#)

1. Click the plus symbol **[+]** to expand the table to show all patients with missed medication alerts. This includes patients who have not received their KOP medications after 4 days and patients who have missed 50% of their medications in the past 7 days, or 3 consecutive doses.
2. "High Alert Med Type" will indicate whether medication is a Critical or PC2602 Medication
3. "Reason Missed" shows the reason why the patient missed their medication dosage and, in parentheses, how many doses to which that reason applied

**Patients with Medication Administration Policy Alerts** (Currently showing Critical Medications, click the "+" on the left to show Med Admin Alerts)  
Meet non-adherence criteria per policy medication administration.

High Alert Med Type	CDCR #	Last Name	Risk Level	Cell Bed	Missed Medication	Reason Missed
Critical Med			LOW		MYCOPHENOLATE MOFETIL	Med Not Available (1)
Critical Med			HIGH 2		DIVALPROEX SODIUM	Med Not Available (1)
Critical Med					INDOMETHACIN	med given as scheduled (1)
Critical Med						med given as scheduled (1)

Q4. Which 'Reason Missed' is the most frequent for any given patient? A4. \_\_\_\_\_

# 3. Huddle Report Self-Study

- J. **Other Medication Concerns:** Care teams can discuss and record other medication concerns for which data is not provided (i.e., appeals, side-effects reported, medication errors, drug-drug interactions, non-formulary concerns).

Other Medication Concerns (e.g. 602 issues, medication non-adherence, errors, drug-drug interactions, non-formulary or availability issues, problematic side effects)				
CDCR #	Last Name	Medication Issue	Plan	Comments

Fill in table as appropriate

## Section 2: Today's Patients

- A. **Patients with Appointments Today:** A list of all patients who have an appointment for the day. Appointments will be listed in order by the earliest to latest appointment time.
1. If patient requires Effective Communication, it will be notated by a checkmark [V]
  2. "Appointment Time" will show the patient's appointment time. If the patient has multiple appointments that day, only the first appointment time will be shown, and all appointments for the patient on the same day will be grouped together
  3. "Expiring/Expired" will name the medication and dates they expired/expiring within 14 days
  4. If patient has a Medication Administration Alert, it will be notated by a checkmark [V]. Click on the checkmark to view the patient's Medication Management Profile.
  5. "Registry Alerts" will show any alert found on a Patient Registry

**Patients with Appointments Today**

1. Ensure all necessary health information is available for today's appointments (e.g. discharge summaries, specialty reports, diagnostic results).
2. Identify future appointments and consider consolidating those appointments with today's encounter if clinically appropriate.
3. Identify patients that may be appropriate for co-consultation.
4. Identify patients with medication issues (expiring/expired or missing medications) that should be addressed at the appointment.
5. Review high risk labs and registry alerts and address at patient visit as appropriate.

CDCR #	Last Name	Risk Level	EC	Apt. Time	Today's Appointment	Future / Overdue Appointment	Expiring / Expired	Med Admin Alert	High Risk Labs	Registry Alerts
ZZ33332	FALSE2	LOW	V	9:30	PHN - Consult Public Health Nurse			V	4	Click for details
					P - Follow Up Medical	PC LVN - Follow Up (01-21)	HYDROXYZINEPAMOAT E(01-12)			Cervical Cancer Screening

1 Effective Communication      2 Earliest Appointment      3 Medication & Date      5 Registry Alerts

Q5. How many patients on your panel have a medication alert? A5. \_\_\_\_\_

- B. **Patients with Medication Non-Adherence Alerts and Scheduled for Today:** Patients who have missed a dose of medication will appear on the table, and may include medication non-adherence counseling criteria met.
1. Click on a "Doses Missed" to view the patient's Medication Management Profile

**Patients with Medication Non-Adherence Alerts and Scheduled for Today**

CDCR #	Last Name	Risk Level	Cell Bed	Doses Missed	Missed Medication	Missed 50% or 3 days	Missed Crit Med or 2602	Overdue KOP	Reason Missed
ZZ22227	TRUE2	MED	A 444 4444442	14	HYDROXYZINE HCL	x			I/P Failed to Report (2), Med Not Available (2)
					IBUPROFEN	x			I/P Failed to Report (1), Med Not Available (1), Not Appropriate at this Time (1)

Click for Medication Profile



# 3. Huddle Report Self-Study

## Section 3: Clinical Operations

A. **Unscheduled or Overdue Appointments within 4 Days of Compliance:** Patients with compliance dates in the next 4 days and have not yet been scheduled, or have overdue appointments will appear on this table.

Unscheduled or Overdue Appointments within 4 Days of Compliance								
CDCR #	Last Name	Risk Level	Appointment Type	Appointment Location	Appt Date	Appt Status	Compliance Date	Status
		MED	PCP - CCP follow-up	A PCP Clinic Med		To be scheduled	01/11/16	Days Left 0
		MED	PCP - Follow Up Medical	ESP	01/12/16	Scheduled	01/11/16	Days Left 0
		LOW	PCP - Follow Up Medical	ESP	01/14/16	Scheduled	01/12/16	Days Left 1

Q6. What appointment type has the most unscheduled or overdue appointments? A6. \_\_\_\_\_

B. **Scheduling/Backlog:** Care teams and custody staff can discuss and record any additional items that have not been covered (i.e. backlog, staff coverage, modified program, lockdowns, other concerns).

**Scheduling / Backlog**

- Discuss plan to address any scheduling backlog
- Provide verbal report of number of RN 7362 Triage appointments from the prior day that resulted in NEW PCP appointments.
- Discuss upcoming events that will pull care team members out of the clinic, such as vacations, education time, on call, etc.  
Provide list of appointments scheduled during that time for appropriate triage/rescheduling/ document time off in the table below.

Upcoming Staff time off				
Staff Name	Start Date	Return Date	Assigned Backup	Comments

**Custody:** Discuss any potential/actual barriers to access (Lockdowns, other modified programs, fog, etc.)

Fill in these sections as needed

**Resources/Supplies** Anticipated supply or resource issues?