

# The five-minute daily ERAS huddle

*Standing up, same time every day, one named owner. Five minutes, not fifteen.*

|   | Item                                                                                                           | Time  | Who leads       |
|---|----------------------------------------------------------------------------------------------------------------|-------|-----------------|
| 1 | <b>New patients</b> — who came back from theatre, what is the plan (analgesia, feeding, mobilisation, tubes)   | 60 s  | Nurse in charge |
| 2 | <b>Run the six questions</b> on every ERAS patient — pain, eating, moving, tubes, drip, discharge              | 150 s | Nurse in charge |
| 3 | <b>Off-pathway patients</b> — who is not progressing, and what is the cause (pain? hypotension? a tube? fear?) | 60 s  | Anyone          |
| 4 | <b>Blockers</b> — drug stock-outs, missing equipment, staffing                                                 | 30 s  | Anyone          |
| 5 | <b>Today's actions</b> — each with a NAME against it                                                           | 30 s  | Nurse in charge |

## Rules that keep it to five minutes

|                          |                                                                                                         |
|--------------------------|---------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Standing up. Nobody sits down; the meeting ends when people get tired of standing                       |
| <input type="checkbox"/> | Same time, same place, every day — attach it to something that already happens (the start of the shift) |
| <input type="checkbox"/> | One named owner. If they are away, a named deputy — never 'whoever is around'                           |
| <input type="checkbox"/> | Discussion of any single patient longer than 30 seconds moves to after the huddle                       |
| <input type="checkbox"/> | Every action gets a name and a time before the huddle ends                                              |
| <input type="checkbox"/> | No teaching, no case presentation, no clinical debate — those belong elsewhere                          |

## Huddle record

| Date | Patients reviewed | Off pathway | Actions agreed | Owner | By when |
|------|-------------------|-------------|----------------|-------|---------|
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|      |                   |             |                |       |         |

**Why bother?** Short, boring, repetitive routines are what hold a pathway together — and they are hard to sustain precisely because they are short and boring. That is why each one needs a named owner and a fixed time in the day, rather than goodwill.