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HUDDLE, *ROUND* AND THERAPEUTIC PLAN AS TOOLS FOR IMPROVING COMMUNICATION

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Abstract: Introduction: Health systems are complex and have increasingly incorporated technologies and elaborate techniques, but these are accompanied by additional risks in patient care. The adoption of simple measures can prevent and reduce risks and damage to health services, one of which is improving communication between health professionals. The lack of processes for communication is one of the causes of failures in customer service, and several tools can be used to exchange information, which are fundamental to ensure the continuity and safety of the care provided.[1] **Goal:** Report the experience in the implementation of *huddle*, round and therapeutic plan communication tools. **Methodology:** This is an experience report on the implementation of the *huddle*, round and therapeutic plan at the bedside, focusing on effective communication between professionals of the interprofessional team, in a neonatal intensive care unit of a university hospital in the interior of São Paulo. The daily *huddle*, consists of a quick meeting of up to ten minutes, where the team reports the occupation of the unit, team sizing, characteristics of hospitalized patients and main demands of the day. The *round* is a weekly meeting with all team members, so that they can express their opinions on the patient's case, thus building a shared care plan focused on the therapeutic plan. **Results:** After the implementation of the tools, a greater approximation of the multidisciplinary team was observed, better accuracy of the therapeutic plan and a reduction in the average stay below the historical reference target of 14 days. **Conclusion:** Implementation of communication tools *huddle, round* and therapeutic plan were essential for approaching the team, the accuracy of the therapeutic plan, the engagement of family members in the treatment and preparation for discharge and reduction of neonatal hospitalization time.

Keywords: Communication; Intensive care units; Patient safety.

INTRODUCTION

The report by the Institute of Medicine (IOM) pointed out that around 100,000 people died in hospitals in the United States (USA) as a result of adverse events, with issues related to patient safety gaining relevance. The damage caused to the patient prolongs the length of stay, results in a disability present at the time of discharge in addition to the great financial loss, estimated at more than 17 billion dollars every year (BRAZIL, 2014). Faced with the worldwide mobilization after the publication of this impactful report, the World Health Organization (WHO) launched the World Alliance for Patient Safety, establishing goals for patient safety and among them is effective communication (CAPUCHO, et. al 2013).

Health systems are complex and have increasingly incorporated technologies and techniques designed to assist their patients, but these are linked to additional risks in the care provided. Initiatives to develop a safety culture, as well as actions to promote safety and quality of care, have been growing (CAPUCHO, et. al 2013).

However, despite the advances, one of the biggest challenges is the lack of effective communication between the teams providing care, during the course of patients in the institutions, which leads to unwanted injuries, adverse events and even death, requiring changes in the process. (JOINT COMMISSION INTERNATIONAL, 2018).

The quality of care provided is directly related to the security that institutions guarantee their clients (GUZINAKI et. al 2019). The adoption of simple measures can prevent and reduce risks and harm to patients in health services, one of which is improving communication between health professionals. The lack of processes for communication is one

of the causes of failures in customer service, and several tools can be used to exchange information, which are fundamental to ensure the continuity and safety of the care provided (BRAZIL, 2017).

The *huddle* enables greater efficiency and quality of information sharing, providing empowerment of the interdisciplinary team, a greater sense of community and a culture of collaboration, making everyone work together to promote patient safety. It facilitates the awareness of team members about patients and promotes greater capacity of team members in the face of patient safety (EDBROOOKE-CHILDS, et. al 2018).

Implementation of the daily *huddle* shows that hospitalization times in pediatric emergency departments were significantly shorter after implementation, suggesting that daily huddles are a potential factor in improving patient flow and improving collaboration and interprofessional and interdepartmental communication. (ALOTAIBI et al 2021).

The daily safety meeting assists in the early identification and timely resolution of safety issues, resolves issues and provides *feedback* to improve subsequent patient care. Sharing knowledge, mistakes, and achievements builds trust between frontline people and leadership. The *huddle* leads to more open and active discussion with unit leadership and the ability to take the right action at the right time (ALDOWOOD et. al 2020).

Growing empirical research appears to support the use of *huddles* in diverse clinical settings to improve work and team processes and the quality of clinical care (PIMENTEL et. al 2021).

OBJECTIVE

To report the experience in the implementation of *huddle, round* and bedside therapeutic plan communication tools as a communication facilitator in the interdisciplinary team, as well as to reflect the impact on the average patient stay.

METHODOLOGY

This is an experience report on the implementation of the *huddle, round* and therapeutic plan at the bedside, focusing on effective communication between professionals between services and the multidisciplinary health team in a neonatal intensive care unit of a university hospital in the countryside. from Sao Paulo.

The daily *huddle* consists of a quick meeting, lasting up to ten minutes, where the multidisciplinary team reports the occupation of the unit, team sizing, characteristics of hospitalized patients and main demands of the day. The *round* is a weekly meeting with all members of the interdisciplinary team, so that they can express their opinions on the patient's case, thus building a shared care plan focused on the therapeutic plan (GUZINAKI et. al 2019).

The implementation of huddle meetings was in the morning and afternoon, respectively at 07:30 and 14:30, with the members of the interdisciplinary team. Neonatal units, which include an intensive care unit (NICU), conventional intermediate care unit (UCINCo) and kangaroo intermediate care unit (UCINCa), where a member of each team presents the current context of their unit, such as discharge forecasts, admission, pendencies that could prevent the patient from being discharged. And after a summary of the current situation of the neonatal units, the priority actions of the shift are listed and disseminated to all members. The round is held weekly, with the interdisciplinary team, where the discussion of each patient takes place, outlining the therapeutic plan so that the patient is discharged from the unit with defined dates to reach the established goals.

After the goals defined in the round, the

treatment plan for each patient is placed at the bedside, where it is visible to the entire RNS team and family members. On a monthly basis, the accuracy of the therapeutic plan is measured, where the percentage of therapeutic goals that were achieved within the specified period is evaluated in the admissions of the month, later, the team performs a critical analysis of the goals not achieved for better alignment and recognition of opportunities of improvements.

RESULTS

After implementing the tools, a closer relationship was observed between the unit's interdisciplinary team and between physicians from different sectors of the neonatal unit. We observed a better accuracy of the therapeutic plan, demonstrating greater accuracy on the discharge date, which is evident from the work of the interdisciplinary team focused on the client, so that the discharge occurred at the determined time. However, a reduction was detected in the average stay below the 2020 historical reference target of 14 days to an average of 11 days in 2021. The accuracy of the therapeutic plan achieved an improvement in performance of more than 20%, leaving 73% of accuracy to 96% accuracy in October 2021.

CONCLUSION

The implementation of *huddle, round* and therapeutic plan communication tools were essential to approach the team, in the performance of the therapeutic plan, in the engagement of the patient and parents in the treatment and preparation for discharge and reduction of neonatal hospitalization time.

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