

# Performance Improvement: “Interdisciplinary Team huddle Implementation”

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## Introduction

The purpose of this initiative was to design a robust interdisciplinary team huddle/meeting (IDT) with all members of the patient’s care team to:

- proactively discuss and progress the patients plan of care for the day and prepare the patient and family for a planned discharge
- improve communication and streamline the discharge process
- reduce current length of stay
- Review the need for lines with the team such as foleys, central lines, telemetry

This was a nurse led interdisciplinary team initiative on the units. The Team included physicians, primary nurses, therapies, pharmacy, and respiratory therapy.

## Methods

A literature review focused on discharge planning was conducted. The focus was to improve the current discharge huddles to include an interdisciplinary approach with established guidelines. The literature identified collaborative healthcare discharge teams improve high quality care and planning related to discharge process.

Guidelines were established for the unit:

- consistency in time and location of meeting
- current plan of care to be reviewed
- anticipated day of discharge
- barriers to discharge – catheters, diet, mobility, durable medical equipment, transportation home, placement
- presentation of patients- one minute time allotted for each patient
- creation of a white discharge board and use of IDT score card.

## Results

Following the Huron consulting recommendations for case management redesign, initiated the IDT huddles August 2018 and modifications to improve the process have continued.

The nurses on the unit have created relationships with colleagues as a result of the IDT huddle as well as the following:

- confidence in discussing problems with physicians and case management
- increase proficiency allowing for improved patient care
- improve flow of communication reported between disciplines
- \*improved discharge efficiency
- decrease length of stay and cost savings

## Education

Communication and education

- ❖ New team members of all the disciplines involved are educated on the process
- ❖ Expectations are delineated for the team

## Discussion

High quality communication and information exchange is needed to have effective discharge planning. The use of a specific platform and processes for decision making helps to ensure the patient receives the quality plan of care and discharge.

## References

Davis, M. (2015). *Bed Huddles Improve Communication and Patient Safety*. *MedSurg Matters*, Volume 24, Number 5, September/October 2015 p 2-3.

Di Vincenzo, P. (2017). *Team Huddles: A winning strategy for safety*. *Nursing 2017*, Volume 47, Number 7, July, p 59-60.

Lee C., Munoz J. *Discharge Huddle: An innovative Approach to Discharge before Noon Initiative*. Abstract published at Hospital Medicine 2014, March 24-27, Las Vegas, NV Abstract 227.



**IDT Score Card**

	0	1	2	3	4	Comments/Revisions
<b>Logistics</b>	IDT did not occur	IDT occurred, attended by some (RN, RN, CM, SW, MD where available)	IDT started on time, team members checked in and out throughout meeting	IDT started on time, team members present the entire time	IDT was attended by all for the entire meeting, started on time, and had a continuous flow	
<b>Discharge Barriers</b>	Discharge barriers not discussed on any patient	Generic discharge barriers discussed on 1-2 patients	Discharge barriers mentioned on half of the patients	Discharge barriers mentioned on all patients	Specific discharge barriers identified by RN, CM, SW if required, and MD if present on all patients	
<b>Estimated Date of Discharge (EOD)</b>	EOD not discussed on any patient	EOD stated on some patients	EOD stated on every patient	EOD stated on every patient, and adjusted as needed	Every patient had a specific EOD stated and adjusted as needed	
<b>Transportation</b>	Transportation not discussed on any patient	Generic transportation plans discussed on some patients	Generic transportation plans discussed on all patients	Specific discharge plans stated (with who will be getting patient, how, and when) for some patients, generic for others	Transportation plan begun for all patients, confirmed for today & tomorrow's expected discharges	
<b>Discharge Time</b>	Not discussed on any patient	Generic time of day discussed on tomorrow's discharges	One 12am discharge identified for the next day	Two 12am discharges identified for the next day	Discharge time discussed for all today and tomorrow's expected discharges, with at least two planned for 10am or earlier	
<b>Action Items</b>	No action items/WWWs discussed or recorded	Action items/WWWs discussed, not recorded on unit white board	Action items/WWWs on whiteboard	Specific WWWs recorded on whiteboard, with responsible and due time due	Specific WWWs recorded on whiteboard, with responsible and due time due with record of completed items	
<b>Total Score</b>		+			Δ	
<b>___/24</b>						