Does the use of a Team Huddle to support an Interdisciplinary Team (IDT) approach impact on Staff Satisfaction, Patient Experience and Clinical Outcomes: A Systematic Review

Catherine Ryan \(^1\) | Nicole Marsh \(^1\)

\(^1\)Royal Brisbane and Women’s Hospital, Queensland

**PURPOSE**

With communication failures cited as the most common causative factor in incidents, errors, and patient complaints and feedback, a move to focus on interdisciplinary care has emerged.

The purpose of this systematic review was to investigate the effect of interdisciplinary team (IDT) huddles in providing care to patients in acute health care facilities.

**METHODS**

Electronic database search for randomised controlled trials (RCTs) which evaluated effect of interdisciplinary inpatient care (intervention) and standard care (control).

The intervention consisted of an IDT meeting to formulate an integrated plan of care. Two review authors independently screened, extracted data and performed quality assessment for included studies.

**OUTCOME MEASURES**

**RESULTS**

Five RCTs were included with 2901 participants. The quality of the included studies was mixed with only one trial meeting all criteria for risk of bias assessment. Two studies reported patient satisfaction and showed there was no statistically significant difference between an IDT huddle and standard care. Length of hospital stay was reported in four studies and mortality in 2 studies, with no statistical significance identified. The primary outcome staff satisfaction and secondary outcome evaluating costs were not reported by the included studies.

**CONCLUSION**

It is unclear from this review an IDT model of service delivery is better than standard care.

There is a need for further, high quality randomised controlled trials to evaluate the benefit of traditional models compared to an IDT model for improving inpatient care. Future research needs to include staff satisfaction and robust cost effectiveness analysis.

**REFERENCES:**

