RESEARCH LETTER

Team huddles in sexual health clinics improve communication, clinic capacity and flow, and team relationships and well-being

Team huddles have been introduced to inpatient healthcare teams as a strategy to improve clinical safety on inpatient wards.¹ In a team huddle both clinical and non-clinical staff meet at the beginning of a shift and spend a few minutes discussing patient issues, safety concerns, as well as clinical, operational and environmental updates. These differ from multidisciplinary meetings as they focus on a single unit's patients and consider the wider context of operational healthcare. Huddles are expected to be integrated into the working day and be brief. Team huddles create time and space for professional conversations, enhance working relationships, improve efficiency, and create a culture of communication and collaboration with an enhanced capacity for elimination of patient harm within teams.^{2–3} Identified challenges and barriers to team huddles include pressure on staff time and workload and deleterious hierarchy factors, for example, junior team members potentially not being able to speak up in such an environment.⁴ Until now, team huddles have only been described in inpatient settings.

We introduced a short unstructured team huddle with clinical and administrative staff before the start of each working day in our urban tertiary outpatient sexual health and HIV service initially to improve recruitment into research. After 3 months we asked all team members as

part of a quality improvement project how they value the recently introduced team huddles, and how they improve quality and teamwork, using Likert scales and free-text comments.

The majority (22 of 26) of staff responded to a 2min anonymous online survey (9 doctors, 8 nurses, 4 administrative staff and 1 social worker). The whole team reported that they valued the new team huddles (scored a median of 9 out of 10; range 5–10) and that they believed that team huddles have improved clinical safety and teamworking (scored a median of 9 out of 10; range 2–10). Three main themes emerged relating to the impact of team huddles on clinical safety and teamworking: (1) communication (what is happening today, managing complex cases attending today, welcoming new staff and trainees, reminders about research and new quality initiatives); (2) clinic capacity and flow (understand clinic staffing and match to patient flow, being clear about roles and responsibilities, being flexible with available staffing, being aware of stock levels of equipment and medication, and allocation of tasks); and (3) team relationships and well-being (improving relationships with colleagues, and promoting team unity, morale and staff cohesion). The team also believed that huddles reduced unnecessary email correspondence. There were no reported barriers to team huddles.

We have shown that team huddles are acceptable and feasible in an outpatient sexual health clinic with the positive effect of improving communication, clinic capacity and flow, and relationships and well-being of the team.

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