

The implementation of the Daily Huddle in the emergency room of a public hospital: experience report

A implementação do *Daily Huddle* no pronto-socorro de um hospital público: relato de experiência

La aplicación de *Daily Huddle* en el servicio de urgencias de un hospital público: informe de experiencia

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Objective: to describe the implementation of the Daily Huddle in the emergency room of a public hospital, with a focus on reducing overcrowding. **Methods:** experience report of holding two daily meetings of 10 to 15 minutes, with a multidisciplinary team, considering four stages, from July 2021 to January 2023, using an electronic form created by the hospital, to record pending issues and solutions raised by the multidisciplinary team. **Results:** 437 meetings took place, and effective communication and teamwork were observed as essential drivers for the implementation of the Daily Huddle, with a reduction in overcrowding. **Conclusion:** this experience reinforced the importance of measures to limit overcrowding, thus promoting patient safety and the quality of services through organizational tools and collaborative management.

Descriptors: Health management; Interdisciplinary placement; Capacity building; Emergency service, Hospital; Crowding.

Objetivo: descrever a implementação do *Daily Huddle* no setor de pronto-socorro de um hospital público, com foco na redução da superlotação. **Método:** relato de experiência da realização de duas reuniões diárias de 10 a 15 minutos, com equipe multidisciplinar, considerando quatro etapas, no período de julho de 2021 a janeiro de 2023, com o uso de formulário eletrônico confeccionado pelo hospital, para registro das pendências e soluções levantadas pela equipe multidisciplinar. **Resultados:** ocorreram 437 reuniões e foram observadas a comunicação eficaz e o trabalho em equipe como propulsores essenciais para a efetivação do *Daily Huddle*, com redução na superlotação. **Conclusão:** essa experiência reforçou a importância de medidas para contingenciar a superlotação, para assim favorecer a segurança do paciente e a qualidade dos serviços por meio de ferramentas organizacionais e gestão colaborativa.

Descritores: Gestão em saúde; Práticas interdisciplinares; Fortalecimento institucional; Serviço hospitalar de emergência; Aglomeração.

Objetivo: describir la aplicación de *Daily Huddle* en el servicio de urgencias de un hospital público, con el objetivo de reducir el hacinamiento. **Método:** informe de experiencia de dos reuniones diarias de 10 a 15 minutos, con un equipo multidisciplinar, considerando cuatro etapas, desde julio de 2021 hasta enero de 2023, utilizando un formulario electrónico elaborado por el hospital, para registrar las cuestiones pendientes y las soluciones planteadas por el equipo multidisciplinar. **Resultados:** se celebraron 437 reuniones y se demostró que la comunicación eficaz y el trabajo en equipo son motores esenciales para la realización del *Daily Huddle*, con una reducción del hacinamiento. **Conclusión:** Esta experiencia ha reforzado la importancia de las medidas para limitar la masificación con el fin de promover la seguridad de los pacientes y la calidad del servicio, utilizando herramientas organizativas y una gestión colaborativa.

Descriptores: Gestión en salud; Prácticas interdisciplinarias; Creación de capacidad; Servicio de Urgencia en Hospital; Aglomeración.

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INTRODUCTION

The Unified Health System (*Sistema Único de Saúde - SUS*) grants Brazilian citizens the right to comprehensive, universal and egalitarian healthcare. These principles do not differ in the emergency care scenario, which were reinforced through the Brazilian Emergency Care Policy (*Política Nacional de Atenção às Urgências - PNAU*) and the Urgency and Emergency Care Network (*Rede de Atenção às Urgências e Emergências - RUE*)¹. Despite advances in health, the reality in the emergency units of Brazilian hospitals deviates from the ideals of the SUS, due to overcrowding².

Overcrowding in hospital emergency services is a phenomenon that has an impact throughout the world, with several different causes, leading to an imbalance between supply and demand for the service^{3,4}, which is reflected in precarious assistance, long length of stay, team overload and allocation of patients to stretchers and inappropriate locations⁵.

Given this scenario, it has become essential to develop tools to efficiently manage available resources, strategically solve problems and improve team performance without increasing the workload^{4,5}. In Brazil, with the growing dissatisfaction of SUS users, the need for more qualified care for people in emergency situations emerged, aiming to reduce overcrowding and improve the quality of care.

The Brazilian Ministry of Health (MH) created the *Lean nas Emergências* project, developed through the SUS Institutional Development Support Program (*Programa de Apoio ao Desenvolvimento Institucional do SUS - PROADI-SUS*), carried out in conjunction with the Hospital Sírio-Libanês^{5,6}. The project is an adaptation of the lean manufacturing industrial process, intended for health services, which aims to boost and enhance the organizational culture of the service through the elimination of waste, continuous improvement of processes, and involvement and training of management and employees⁷.

The Daily Huddle is one of the main management tools implemented by *Lean nas Emergências*, an instrument that was proposed by the Institute Healthcare Improvement (IHI), being implemented in software or without the use of technology^{8,9}. It is characterized as a brief meeting lasting 10 to 15 minutes, with the particularity of being held standing up and with its participants arranged in a huddle, and carried out by a multidisciplinary team^{10,11}.

Also, discussions must be led by a designated or situational leader, have a prior daily schedule¹², a focus based on teamwork, planning and effective resolution of the sector's demands, based on the culture of patient safety and organization of care⁵.

Thus, there is a need to implement organizational tools to mitigate the complex process of overcrowding, but changing behavior and introducing new tools into the hospital routine is

only possible through team engagement⁴. The Daily Huddle is a free, easy-to-apply and high-impact tool. Therefore, this report aims to describe the implementation of the Daily Huddle in the emergency department of a public hospital, with a focus on reducing overcrowding.

METHODS

This is a descriptive study, of the experience report type, with a view to describing the implementation of the Daily Huddle in a public hospital, according to the experience of a nurse from the Emergency/Trauma Nursing Residency Program, in the modality of *lato sensu* postgraduate course at the Universidade Federal do Triângulo Mineiro (UFTM).

The actions took place from July 2021 to January 2023, in the adult emergency room of the Hospital de Clínicas da UFTM, which serves 27 municipalities that make up the Triângulo Sul macro-region of the State of Minas Gerais, Brazil, as the only hospital that offers discharge care complexity by SUS¹³.

This study was developed based on an intervention project by the Brazilian Ministry of Health, developed by the PROADI-SUS, carried out in conjunction with the Hospital Sírío-Libanês and the project is called *Lean nas Emergências*, which aims to reduce overcrowding in Brazilian public and philanthropic hospitals^{5,6}, currently underway.

The team responsible for carrying out the Daily Huddle is multidisciplinary and has a professional from each area working in the emergency room, namely: doctor from the medical clinic, doctor from the surgical clinic, orthopedic doctor, nurse, pharmacist, speech therapist, psychologist, physical therapist, social worker, clinical engineer, hospitality, Internal Regulation Center (NIR) for beds, laboratory and radiology.

The intervention and implementation of the tool took place in four stages: initially, members of Hospital Sírío-Libanês learned about the unit's routine and training began with the hospital's management and teams; secondly, the main organizational weaknesses of the emergency room were diagnosed; after analyzing the flows, the organizational tools were implemented, including the implementation of the Daily Huddle and continued team qualification; and in the fourth stage, behavior change and indicator management.

The Daily Huddle is held daily, lasting 10 to 15 minutes, at 9am and 3pm, guided by an electronic form prepared by the hospital management, available on the Google Forms[®] platform, filled out daily, through which the person responsible conducts the meeting with several questions aimed at members of the multidisciplinary team. The script involves the main demands of patients who are delaying discharge, as well as the weaknesses of the sector, such as: the organization of teams, supply of inputs, medications, equipment, among other issues, to

identify pending issues that are harmful to assistance and, mainly, propose possible interventions to improve patient care and safety.

Subsequently, the Full Capacity Plan (FCP) was added to the end of the form. The FCP aims to direct the teams to carry out behaviors and interventions to contain overcrowding, which were previously defined in a meeting, along with other coordinators and employees from other sectors of the hospital. The actions were guided based on the FCP level, which is the relationship between the number of patients and the capacity of the care points available in the emergency department, and in addition, the FCP levels also serve as a base parameter to evaluate the effectiveness of the actions performed by the teams.

Subsequently, the FCP was added to the end of the form, which is unique to each institution that adopts this method⁵. This protocol aims to direct teams to carry out interventions and guide actions on how to proceed in the face of overcrowding in the unit. Actions to immediately and temporarily reduce overcrowding in the emergency unit were defined in common agreement with all teams involved in the execution of the FCP. The main trigger for activating the FCP is occupational capacity, that is, the relationship between available care points and the number of patients to be cared for⁵.

Thus, FCP levels were defined as routine, when the number of patients is less than 22. Level 1 of the FCP is reached when the number is between 23 and 33 patients, and at that moment the first interventions to reduce overcrowding begin. FCP level 2 refers to a number of 34 to 39 patients and the actions include measures to be adopted in the emergency room, as well as in other sectors, such as: speeding up inter-unit transfers and prioritizing test results and patient reports of the emergency room. FCP level 3 is triggered when a number of patients equal to or greater than 40. This is the most critical level of overcrowding, thus all actions at levels 1 and 2 are intensified, as well as the implementation of incisive measures, such as: suspension of elective surgeries to use these beds, transfer of patients from the emergency room corridor to the corridor of other clinics and the activation of the regulatory complex to carry out actions at the municipal and regional level.

Monitoring the design and implementation of the Daily Huddle lasted one year and six months and, to analyze this experience, a table created from data from all reports generated by the electronic form was used as a tool, together with the perception regarding the behavioral changes in the team.

RESULTS

All categories working in the emergency room, as well as the management of other sectors of the hospital participated in the entire process of implementing the tool and interventions generated by *Lean das Emergências*. This process was divided into four stages.

The first stage began throughout the month of July 2021, a doctor and a production engineer, consultants from Hospital Sírio-Libanês, began monitoring the sector and, initially, its routine was identified; soon after, the second stage was carried out, with the operational diagnosis of overcrowding, addressing the main strengths and weaknesses of the emergency room.

As it is a multi-cause phenomenon, biweekly meetings were held early, lasting six months, of a theoretical-practical nature that addressed awareness of organizational culture, mutual co-responsibility and training with management and professionals working in the sector.

Based on the demands of the sector, this diagnostic stage was essential to define opportunities for improvement and intervention actions. During one of the meetings, several discussions arose, making it possible to identify the main obstacles to be overcome, such as: resistance to change, fragility in teamwork and the segregation of the hospital as a single institution, appearing as a collection of sectors, no interaction.

During the month of August 2021, patient flow was established and the second stage ended. At the beginning of September 2021, intervention measures from the third stage were applied, through reflections and strategic activities proposed as a team, defining the main causes of overcrowding, strategies for improvement and quality indicators. At this time, the various tools promoted the organization of the sector and teamwork.

There was a strengthening of mutual cooperation between professionals, in a harmonious way, with interaction and integration of different knowledge, communication and mutual empathy. It was noticeable that the team was more cohesive and prepared to implement the tool.

The introduction of the Daily Huddle into the sector's routine took place at the end of September 2022, being held daily at 9 am and 3 pm, in the emergency room corridor, with members arranged in a huddle, encouraging group dialogue. Doctors from the clinic, doctors from surgery, nursing, pharmacy, hospitality, nutrition, speech therapist, physical therapist, social worker, NIR and laboratory frequently attend, being conducted using the Question Form (Table 1), lasting 10 to 15 minutes. The actions of the first meeting were guided by the Sírio-Libanês team, and the remaining meetings were led by the nurse on duty.

Chart 1. Questions and answers generated based on the electronic form. Uberaba, Brazil, 2023.

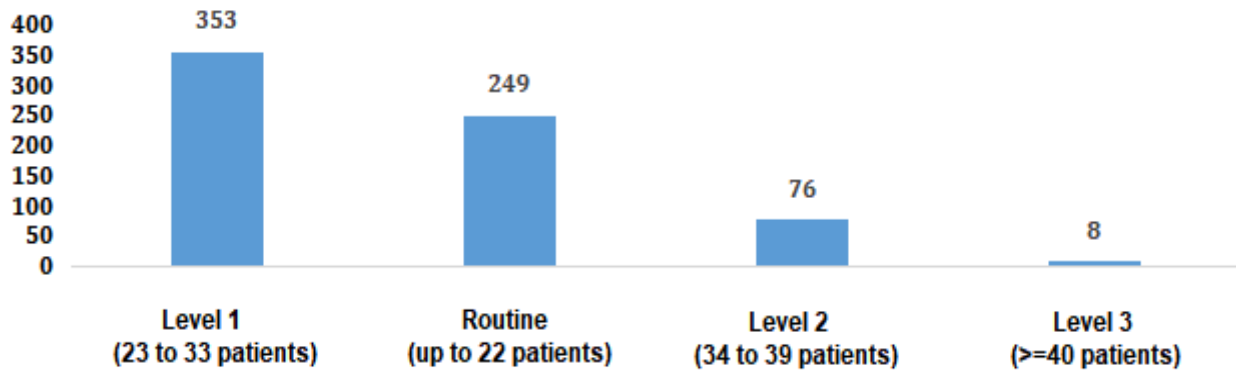
Recipients	Questions	Answers
Team	Leadership: are all leaders present	-Doctors clinic; -Surgical doctors; -Orthopedic doctors; -Nursing; -Pharmacy; -Clinical engineering; -Hospitality; - Nutrition; -Speech therapy; -Physical therapy; -Social worker; -NIR; - Clerk; -Stretcher bearer; -Laboratory; -Radiology; -Psychologist
	Are employees presents?	-Yes; -No
	If not, which professionals are not present?	Doctors; -Nursing
	Are medical on-call shifts covered?	-Yes; -No
	Which specialists are not present?	-Endoscopy; -Otolaryngologist; -Psychiatrist; -Vascular; -Other:
Radiology	Are there pending radiological exams? Scheduling? Marking? Results	-Yes; -No
	What is pending?	-Scheduling; -Realization; -Result;
Laboratory	Are there pending laboratory tests? Collection? Reagents? Results? Requests?	-Yes; -No
	What is pending?	-Collect; -Reagent; -Request Result;
Inputs, materials and medications	Are there enough inputs, materials and medications to meet the demands of the day?	-Yes; -No
	If not, what is missing?	Material; Medication
	Are there any materials and/or medications that impacts the patient's discharge?	-Yes; -No
Equipment	Are all equipments working properly?	-Yes; -No
	If not, which equipment is defective?	-Infusion bomb; -Monitor; -Mechanical fan -Other:
	Was maintenance requested	-Yes; -No
Hospitality	Does cleaning and changing linen meet bed turnover?	-Yes; -No
	Is the linen supply adequate?	-Yes; -No; -Partially
Infrastructure	Is there a need for plumbing, electrical or structural repairs?	-Yes; -No
	If yes, what is the request?	-Hydraulic (shower, taps, etc.); -Electrical (lamps, sockets, etc.); -Structural (wall, door, etc.)
	Was the request made?	-Yes; -No
Continuity of care	Nutrition, speech therapy, physical therapy and occupational therapist: is continuity of patient care guaranteed?	-Yes; -No
	If not, which professional is missing?	-Physical therapist; -Speech therapist; -Nutritionist; -Occupational Therapist
Psychosocial demand	I there a social issue to be resolved?	-Yes; -No
	Are any discharged patients awaiting the location of family members?	-Yes; -No
	Clerks, are any patients awaiting transport for discharge?	-Yes; -No

	Is there a need for post-discharge outpatient scheduling for any patient?	-Yes; -No
	Are there psychological demands to be resolved	-Yes; -No
Bed regulation	Were beds requested from the NIR?	-Yes; -No
	Are there patients who need places in the ICU?	-Yes; -No
	Have ICU vacancies been requested?	-Yes; -No
	Are there patients who may not be referred to other hospital units?	-Yes; -No
	Have the requests already been entered into SISREG or SUSFÁCIL?	-Yes; -No
	At NIR, were all patients with assigned beds transferred?	-Yes; -No
	Is there bed availability of forecast in the clinics?	-Yes; -No
	Is there availability or forecast of beds in ICUs?	-Yes; -No
	Are any patients waiting to be released into the operating room?	-Yes; -No
	Are there any patients who need to be prioritized by stretcher bearers?	-Yes; -No

In the last stage, there is the management of indicators and the definitive change in behavior, guided according to the answers on the form. At this point, problems that may be interfering with the patient's discharge are identified, and all employees are aligned and involved in resolving the problems. At this point in the intervention, the proposals were widely accepted by professionals and disseminated by management.

Subsequently, the need to add the Full Capacity Plan (FCP) level to the question form was seen. Through this measure, the hospital became interconnected, informing members of the meeting and other clinics about the current situation in which the emergency room found itself, so that assertive measures could be taken, intensifying actions according to the level of FCP and monitoring indicators.

Furthermore, during the participation in the implementation of the tool, it was evident that the level of FCP is linked to the intensification of the organization of the sector, process improvements and teamwork. Furthermore, the goal of reducing the level of FCP culminated in the reduction of overcrowding, with levels 1 and routine prevailing, expressed in (Graph 1).

Graph 1. Full capacity level in the emergency room. Uberaba/MG, Brazil, 2023.

In Table 2, it was verified the occurrence of 437 meetings generated from data from the completed forms, in which it was possible to observe the engagement of professionals, to be considered satisfactory until the month of February 2022, with absolute adherence in all months. However, after the first year of application of the tool, default rates increased significantly, resulting in a decrease in the bond between the team working in the emergency room.

Chart 2. Relationship between the days on which the Huddle was performed according to the days of the month. Uberaba, Brazil, 2023.

Month/Year	Days of the month	Days performed	Not performed
Sep/21	4	4	0
Oct/21	31	31	0
Nov/21	30	30	0
Dec/21	31	31	0
Jan/22	31	31	0
Feb/22	28	28	0
Mar/22	31	29	2
Apr/22	30	29	1
May/22	31	31	0
June/22	30	30	0
July/22	31	30	1
Aug/22	31	29	2
Sep/22	30	28	2
Oct/22	31	25	6
Nov/22	30	21	9
Dec/22	31	12	19
Jan/23	31	18	13
Total	492	437	55

Throughout the process, the main difficulty highlighted was related to team engagement. The satisfactory results obtained in the first year were only possible after training and group work dynamics, which strengthened the team's bond. Furthermore, the importance of constant

stimulation of the use of the tool to maintain adherence was identified. Furthermore, it was possible to stimulate the team's critical thinking in the face of everyday problems, reflecting on the quality of care and the reduction in overcrowding.

DISCUSSION

The experience during the implementation of the Daily Huddle contributed significantly to professional improvement, highlighted by the positive results of the tool's effectiveness. Furthermore, it was possible to reveal the barriers imposed by the teams regarding the implementation of new organizational tools and the resistance to behavioral change. On the other hand, the analysis of the results highlights the potential for overcoming the difficulties imposed.

It is known that the phenomenon of overcrowding is complex, given its multicausality, so that resolution becomes a challenge that requires strategic planning. Through a systemic view of the institution, it is possible to carry out several actions, but only with the alignment and development of a culture of continuous improvement can there actually be an increase in the quality of patient care, effective management of resources and efficiency of bed flow and rotation processes⁷⁻¹⁵.

The Daily Huddle promotes a systemic view that encompasses all processes surrounding patient care, resembling interdisciplinary rounds; the difference is in the focus, both seek to promote individualized and comprehensive treatment, however in the second tool, factors extrinsic to the sector are excluded, not considering what may be directly interfering in the delay in discharge¹⁴.

Daily meetings aim to provide quality care, encompassing patient safety, making the entire healthcare team co-responsible, organizing goals, managing resources and driving improvements that add value to care, for a reduction in hospitalization time, as well as, discharge occurs more efficiently and safely^{10,11}.

As in other studies, positive effects are evident after implementing the Daily Huddle, as a reliable structure for communication and joint actions^{5-12,14}. The effectiveness generated by this structure provides the sharing of information and instant feedback (one of the tool's main differentiators), this resolvability culminates in the optimization of actions, timely interventions and an effective flow of value to the patient.

Another important aspect conceived by the effectiveness of the actions is the reduction in hospitalization time, assessed by the Full Capacity Plan (FCP) tool, which was instituted

during *Lean das Emergências*. Through this, it was possible to assess the level of overcrowding in the emergency room and carry out contingency measures for this phenomenon¹⁵.

The involvement of the team provides an optimization of care time, directly impacting patient safety, resulting in the improvement of indicators and goals, provided by quick responses to challenges, these results reduce hospital overcrowding, provided by a reduction in hospitalization time^{10-12,14-15}.

On the other hand, the reluctance of employees to adhere proved to be the main barrier to implementing the tool, as well as the lack of perspective on the institution and the team's commitment, which, when combined with these factors, makes it impossible to achieve greater success⁵⁻⁷.

In collective practice, based on collaboration and shared decision-making, effectiveness and quality are guaranteed to carry out the proposed activities^{14,15}. In this way, definitive changes will only be successful through the engagement and training of the team^{3-7,9,12}.

Daily meetings were established to boost resource management, sector organization and patient safety quality goals, serving as a basis for generating changes that contribute to improving care and reducing hospital stays. There were many challenges in implementing the Daily Huddle, the main one being maintaining team engagement.

The organizational culture of the service, the improvement of processes and the co-responsibility of all team members and management are the basis for reducing overcrowding and improving the quality of care provided.

CONCLUSION

The implementation of the Daily Huddle in the emergency room significantly improved the overcrowding rate, as well as communication between different teams, also promoting more agility in patient flows and reducing the time for making medical decisions. This tool has benefits such as: speed, practicality in application and has no cost. The impact generated was of paramount importance in improving patient flows, time for decision-making in the unit, resource management and safe care.

The importance of this work is due to the impact that overcrowding in emergency rooms causes to the SUS and assistance. The implementation of new organizational tools that seek continuous improvement in care processes is essential to overcoming the consequences generated by this phenomenon. Furthermore, the exposure of limiting and enhancing factors for implementing the tool served as a basis for the implementation of other tools and techniques.

As a limitation of the study, the low national scientific production found can be highlighted, resulting from the low dissemination of the tool in Brazil. It is suggested that new research be developed on the subject, considering that this strategy facilitates routine management in the service, directly affecting the quality of the service offered to the patient and strengthening the institutional bond.

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Gabriela Perdigão Fernandes participated in the conception, collection and analysis of data, writing and revision. **Wanderson Borges Tomaz** contributed to the design, collection and analysis of data. **Cintia Machado Dutra** worked on the design, collection and analysis of data and revision. **Lúcia Aparecida Ferreira** collaborated in the revision.

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