Multidisciplinary team huddle

Best practice guide

Optimising patient care and hospital flow through multidisciplinary team communication.

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Disclaimer

Introduction

Clear communication and effective teamwork are essential for patient safety, enhancing patient flow and achieving better health outcomes.[1,2] Brief multidisciplinary team (MDT) huddles are known to have positive impacts on patient stay including shortening length of stay (LOS), earlier in the day discharges, and lower re-admission rates.[3-6] Conversely, when MDT huddles are ineffective, they can lead to miscommunication, adverse events, patient dissatisfaction, and delays in clinical care delivery and patient discharge.[7]

The purpose of this document is to provide clear guidance on establishing or enhancing in-patient MDT huddles to support improved patient care and streamline patient flow.

Objectives

The key objectives of MDT huddles are to:

- identify patients for discharge via estimated date of discharge (EDD)
- identify complex patients and discharge barriers early
- identify alternative treatment pathways or care locations
- coordinate timely patient care within the MDT
- review care type.

Keys to success

MDT huddles should be:

Action-focused

Identify discharges, support timely interventions, reduce delays.

Structured

Consistent format and script for each patient under the treating team (including outliers).

Succinct

1-2 minutes per patient.

Membership

The following staff should attend the MDT huddle. Any other staff not listed below may be beneficial depending on the service model.

Medical	Nursing	Allied health	Care coordinators
• Consultant (wherever possible) or Registrar	• Team Leader or Nurse Unit Manager	• Pharmacy • Occupational therapy • Social work • Physiotherapy • Speech pathology* • Dietetics* **if required*	• Discharge Facilitator or Case Manager

Huddle lead

A senior clinician should lead the huddle, and:

Follow a script

To improve communication, safety, accountability, and focused discussion.

Keep to time

1-2 minutes per patient. Complex discussions to occur at an alternative time.

Document decisions

Update Kyra Flow (Patient Flow Manager) / integrated electronic Medical Record (ieMR).

**Task can be delegated.*

The huddle lead (or appropriate delegate) should also attend the huddle prepared with current capacity information for key alternative care pathways and proactively highlight these options at the start of the huddle. Alternative pathways may include Hospital in The Home (HITH), Geriatric Evaluation and Management Hospital in the Home (GEM-HITH), Transition Care Program (TCP), Rapid Access Clinics (RAC), Post-Acute Care Services (PACS), Multidisciplinary hospital Avoidance and Post-acute Service (MAPS), and virtual care.

Alignment of allied health, nursing and medical teams

Geographic cohorting of patients paired with multidisciplinary huddles can reduce length of stay, adverse events, and re-admission rates.[7-10] This supports consistent and coordinated MDT care by streamlining communication and reducing the number of medical teams with whom staff need to liaise, thereby enhancing efficiency, particularly in discharge planning. It can also facilitate comprehensive MDT input and early discharge planning for outlier patients or those awaiting a ward bed.

Consider discussing patients in order of treating medical team, rather than the ward location of patients. Consider aligning allied health and discharge coordinators with medicine unit/teams to streamline communication for staff.

Format

How to structure

- ✓ Ensure multidisciplinary team attendance, once or twice daily, 7 days per week (acknowledging reduced staffing on weekends).
- ✓ Schedule huddle times to maximise attendance. Huddles should occur after shift handover, so all members are prepared with up-to-date patient information.
- ✓ Early morning huddles (i.e. 8:30 am) support effective daily planning and identification of early discharges.
- ✓ Where an on-take model is in place, consider scheduling MDT huddles for that team slightly later in the day to allow time for assessment of newly admitted patients.
- ✓ In high-functioning teams or services with short lengths of stay, twice-daily huddles can further improve patient care and flow by enabling proactive preparation of next-day discharges.
- ✓ Conduct huddles in a central location and/or via an online platform (e.g. nurses' station, around Kyra Flow (Patient Flow Manager) journey board).
- ✓ Ensure all key decision makers are present to support timely and effective decisions.
- ✓ Start huddles on time, every time to maintain efficiency and reliability.

What to avoid

MDT huddles are not case conferences and should not include:

- × lengthy background information on the patient.
- × complex discharge planning discussions.
- × lengthy treatment or management plans.

Script to use

The following key points should be discussed:

Patient identification

- Name and date of birth.
- Bed number and ward (if required).
- Infection status (if applicable).

Care type

- State the care type and ensure it is accurate, including in Kyra Flow (Patient Flow Manager) and/or ieMR.

Estimated date of discharge (EDD)

- Ensure the EDD is accurate and documented, including in Kyra Flow (Patient Flow Manager) and/or ieMR.
- Ensure the patient and family have been advised of the EDD.
- Reminder: If discharge is planned within 24 hours, ensure transport and medication scripts are arranged. Early use of the transit lounge supports patient flow.

Discharge destination

- For example: home, residential aged care home (RACH), Hospital in the Home (HITH), rehabilitation.
- Reminder: For patients identified for RACH placement, confirm it is a last resort. Consider whether the patient can return home with family and community supports while awaiting placement.

Result of actions from yesterday

- What happened to the patient yesterday and were all the actions completed?

Waiting for what? When will it happen?

- **Assessment/review**. For example, medical/specialist consult, allied health (specify), HITH review, aged care assessment team (ACAT).
- **Treatment/test**. For example, infusions, response to medication, imaging, pathology.
- **Transfer/discharge**. For example, transport home, RACH, inter-hospital transfer, TCP.
- **Prompt for discharge**. Ask ‘why not today?’ and ‘Why not now?’.

Criteria-led discharge (CLD)

- Identify if CLD is suitable.
- Define and document the specific clinical criteria that must be met for discharge.

Care location

- Identify alternative care options.
- Reminder: wherever possible, patients should be managed through ambulatory care.

Actions and responsible person

- Identify the team member responsible for each action, including completion of referrals.
- Specify a timeframe for completion to ensure accountability and progress.

Example scripts

John Doe DOB 12/12/54 – Outlier on ward 3A, Bed 4

Contact & droplet precautions for acute respiratory infection.

Care type: Acute care

EDD: Today

Discharge destination: Home with HITH today post IVABs. CLD documented

Can he go to transit lounge, how's he getting home?

Yes - transit lounge now.

Have confirmed wife picking up at 12.

Scripts with pharmacy

Jane Smith DOB 01/01/1925 – Bed 22

Care type: Maintenance care

EDD: 8/8/25 (next Friday)

Discharge destination: RACH?

Referral for aged care assessment sent yesterday.

Social work: I will chase and confirm aged care assessment date. Doctors: please ensure capacity assessment has been documented. Meeting with family again today to discuss RACH pathway including interim care. Some complicated family dynamics. Can occupational therapist, physio and doctor quickly meet after this huddle to discuss if patient is suitable to return home with son whilst awaiting placement, or with GEMRHITH.

Social Work to chase ACAT Assessment date and interim pathway. Team to meet about GEMRHITH? Doctor to document capacity assessment. Review EDD again tomorrow.

Sustaining success

Staff education

- All members of the MDT should be provided education regarding the purpose of MDT huddles, with an emphasis on relevant, concise communication.
- Consider providing examples of both effective and ineffective huddles.
- Encourage leadership or a “champion” to provide supervision and feedback during implementation.

Review and improve

- To ensure ongoing effectiveness and address emerging issues, it is recommended that leadership regularly attend and review the structure and outcomes of the huddles.
- Seek feedback from staff on the performance of huddles.

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