Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Good habits from the pandemic age to bring home: Effective communication and briefing tools

Dear Editor,

Italy became the first European country hit, devastatingly and unexpectedly by the deadly respiratory disease. The COVID-19 outbreak has caused a never seen before disaster in terms of rearrangement of hospitals in particularly intensive care unit capacity with the urgent need to recruit staff (Wang et al., 2020). Needless to say, none was prepared for this. In demanding situations such as the coronavirus, pandemic effective communication among healthcare clinicians is essential to optimize workflow and to ensure patient safety (Lord et al., 2021; Negro et al., 2020).

We read with interest the letter to the editor by Carenzo et al. (2020), particularly, the implementation of a structured safety briefing tool that allowed clinical staff to share a self-reflective learning culture during the pandemic. The desire to disseminate a briefing tool among other hospitals, with the ultimate goal of better management of unpredictable medical emergency events is remarkable.

In our hospital, a multidisciplinary team was established and met on a daily basis to discuss staffing, risk management and policies while analysing ongoing events related to COVID-19 prevention and management. The infection control team was actively involved in the initial phase of the pandemic in managing and coordinating unexpected structural changes in the hospital and the arrangement of a 40 bed COVID-19 dedicated ward, as well as monitoring appropriate infection control measures.

After the opening of the unit, we implemented a short briefing, not a structured tool, but a quick "chat" between the head anaesthesiologist and the nurse in charge. Sometimes either the nurse or the doctor would make a "to do list" on a communication board to share relevant information with the rest of the team. This inconsistent communicative approach has led to misinformation and lack of teamwork, furthermore, from an infection control point of view we recorded an increase in multidrug resistant organisms (MDRO) hospital cross transmission among COVID-19 patients.

Our centre is located in an endemic area for MDRO pathogens. Therefore, in addition to COVID-19 as primary admission diagnosis, many patients are colonised with MDRO's on admission. In order to prevent further spread of pathogens we need a well-structured multidisciplinary approach, which could be achieved by effective communication amongst staff (Conoscenti et al., 2020).

What the COVID-19 pandemic has helped us to understand in terms of experience should become official heritage for the future in healthcare settings. The spread of the culture of briefing, multidisciplinary work, self-reflecting learning could be one of the priorities in the future for intensive care societies.

We wonder if Carenzo and colleagues considered the briefing chart as a tool to evaluate other care aspects such as the complexity of care required and workload distribution to prevent MDRO cross-transmission. We would appreciate if they could comment on the possibility to use the briefing tool for a broader spectrum of objectives. We will certainly discuss the possibility of introducing 'Carenzo's' briefing tool to improve multidisciplinary communication, cooperation and distribution of workload and as an infection prevention tool.

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