Audit on the quality of clinical handover on a Neuro-rehabilitation ward

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INTRODUCTION

A very good definition of clinical handovers has been given by the National Patient Safety Agency as "the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis" (NPSA, 2004).

It has been suggested in the literature that Situation, Background, Assessment and Recommendation (SBAR) communication tool is a good method to avoid omitting patient information during handovers, which is not uncommon (Flemming 2013).

The SBAR (Situation- Background- Assessment-Recommendation-Response) technique/ tool was developed by Michael Leonard and his colleagues Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado (2004).

AIMS

1.Assess our clinical practice in relation to the standards for clinical handover and the rationale for clinical handover.

2.To assess if our handover follows any standardised format to avoid omissions and discourage discussion deviation.

STANDARDS

1 .There should be an understanding of who is required to attend handover

2 .There should be clear identification of who is leading handover.

3. There should be a designated time for handover.

4 .There should be a designated venue for clinical handover.

5. There should be an effective structure for what and how the information at the handover should be communicated, recorded and retained.

6 .It should be tailored to local/unit needs.

7. There should be a standardised system of communication, e.g. the use of SBAR both verbal and documented.

OBJECTIVES

1. To improve the efficiency of communication in our neuro-rehabilitation ward, to share good practice on effective handover as per NICE national guideline and to highlight the importance of good handover using SBAR.
2. To ensure recognition of unstable and unwell patients and that their management remains optimal and is clear and unambiguous, and by that process to improve patient outcomes.
3. To improve efficiency of patient management by clear baton passing.

METHODS

This was an observational study done in a 20 bedded neuro-rehabilitation unit**.**

Data was from all inpatients admitted to Caroline House during a 4 week period from 1st March 2019 to 31st March 2019.

There was a total of 100 samples collected during a morning handover which usually happens twice a week on Monday and Thursday mornings.

Information on 80/100 cases was needed in order to achieve 95% confidence in a result +/-5%, thus N=80.

The method involved observing the member of staff handing over during a regular handover session, with an average of 11 members of staff present.

MS Excel was used for the data analysis.

To be compliant with Situation: member of staff will have to identify themselves, identify patient and describe concern.

To be complaint with Background: member of staff will have to state the reason for admission, explain the medical history and explain patient background.

To be compliant with Assessment: member of staff will have to say the vital signs, explain frequency/pattern and make an impression.

To be compliant with Recommendation: member of staff must be specific about their request, make suggestions and clarify expectations.

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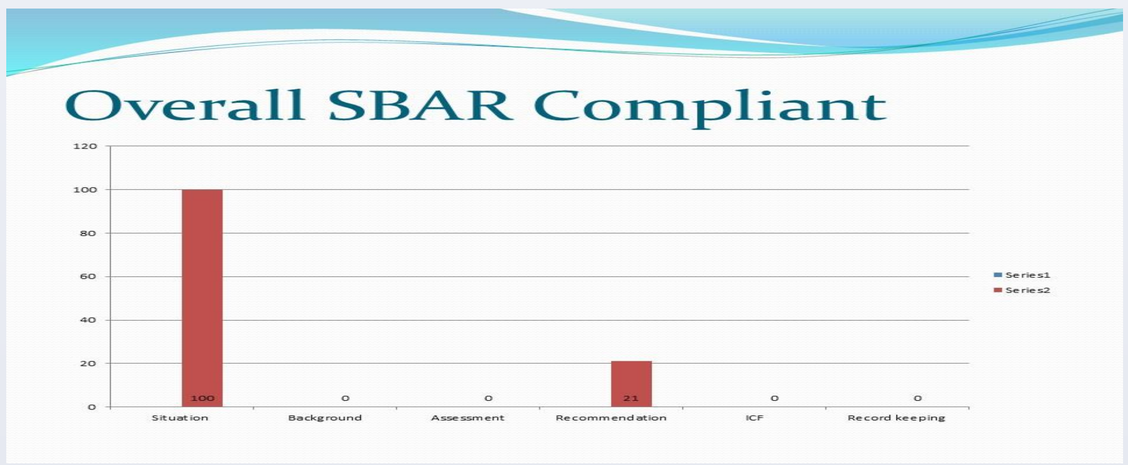
RESULTS

RESULTS : Audit Standards Summary

Standard	Description	Number of cases	Result
1	*Unwell patients*	100	55%
2	*Stable patients*	100	45%
3	*Environmental factors*	100	100% with 98% for interruptions
4	*Situation Rating*	55	100%
5	*Background rating*	55	0%
6	*Assessment rating*	55	0%
7	*Recommendation Rating*	55	21%
Overall Compliance			46%



DISCUSSION

The audit findings showed that there were areas of good practice such as having a designated venue, a designated time, an identified leader, minimal interruptions with computer being available.

Situational rating had the best compliance rate of 100%.

The audit however also showed areas that required improvement such as the clinical handover has no standardised system of communication, there is overall poor use of SBAR as means of communicating during clinical handovers, there are no records that handover took place.

ICF framework was not used on those that were medically stable but still had ongoing issues impacting on their rehabilitation.

CONCLUSIONS

The audit was concluded by making the following recommendations:

-Implementation of electronic handover.

-Proposing a mechanism of recording that handover occurred.

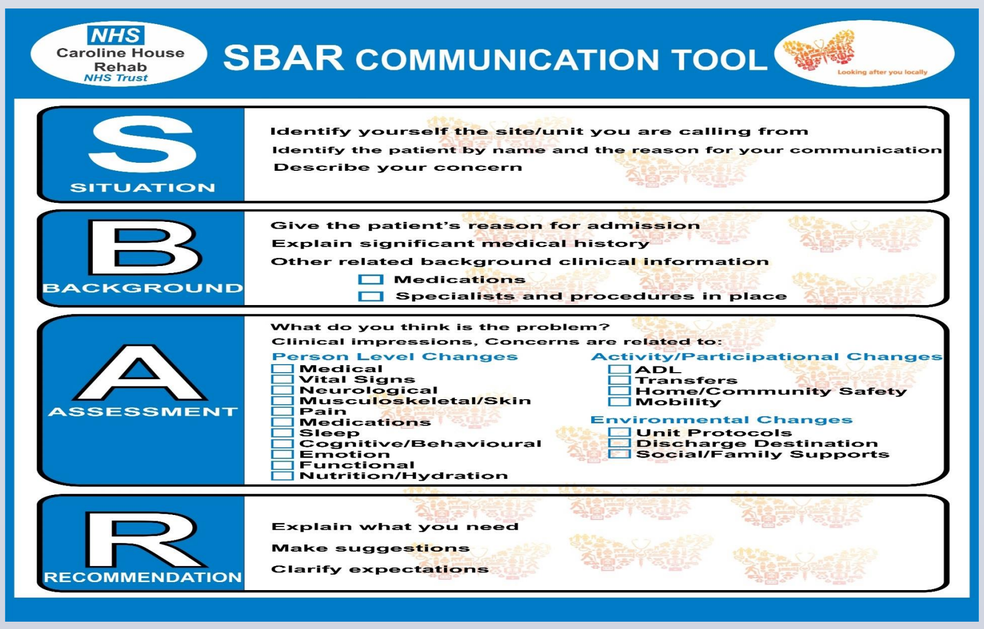
-Creating an environment that prevents interruptions from phones and ensure patient confidentiality is maintained.

-Education on SBAR and the use of ICF .

-Adapting the SBAR tool for a rehabilitation setting.

-Use of Reminder Tools such as– small SBAR pocket cards that can be attached to staff ID cards, a unit SBAR binder as a learning resource, SBAR posters and signage displayed in prominent areas, SBAR telephone pads and designing handover sheets compliant with SBAR.

- A re-audit to be done in 6 months with the introduction of SBAR tool specific to Rehabilitation unit.



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