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International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Assessment of Clinical Handover Process in Lanka Hospitals, Sri Lanka

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DOI : https://doi.org/10.55248/gengpi.6.0125.0630

ABSTRACT

Clinical handover is an essential component of effective communication and patient safety in healthcare institutions. There are several methods of clinical handover, group handover, bedside handover, break handover, unit-to-unit handover, etc.

Lanka Hospitals is a leading private hospital in Sri Lanka since 2002. This case report aimed to assess the clinical handover process in Lanka Hospitals. Observation, interviews, and review of secondary data were used to collect information. Lanka Hospitals have an effective handing over system from admission to discharge. Several forms and checklists have been developed for the handover process, especially for the shift handing over between staff, handing over to theatre/ specialized units like endoscopy/investigations like angiogram, and during discharge. All forms were up to WHO and JCI standards. Minor deficiencies were identified during the clinical handing over processes, such as poor adherence to the fill forms/checklists, incompleteness of filling forms, and illegible handwriting.

Conduct educational, and training sessions on handing over/taking over system, conducting frequent audits at regular intervals, and revising and updating the current handing over and taking over system were recommended to minimize the identified deficiencies.

It is necessary to incorporate Lanka Hospitals' clinical handover best practices to government hospitals.

Introduction

Clinical handover is defined 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/family / legal guardian or professional group on a temporary or permanent basis”(The Royal Children’s Hospital Melbourne, 2019). In tertiary care hospitals, patients need to confront multiple handing over taking over during the health care process from admission to discharge. Clinical handing over occurs mainly when patients transfer from admission (Out patients department or from Emergency treatment care unit) to ward, wards to another ward, wards to the theatre or special procedures like endoscopy, wards to special investigations like Computer Tomography, Magnetic Resonance Imaging, wards to special care units like Intensive Care Unit or Coronary Care Unit and/or when discharged from wards or relevant unit to guardian or community. Further, a handing over and taking over occurs between duty shifts of clinical staff, especially among medical officers and nurses.

Patient safety is an essential component of health care provision. There are six International Patient Safety Goals (IPSG), and the second goal is to improve effective communication. Clinical handover is a way to improve effective communication. Therefore, the prime use of the clinical handover is patient safety.

Evidence suggests that using a structured, standardized framework for handover, such as ISBAR (Identity, Situation, Background, Assessment, and Recommendations), improves patient outcomes. ISBAR is a framework developed by World Health Organization to provide a standardized approach to communication that can be used in any situation. In the complex clinical environment of healthcare today, ISBAR is suited to a wide range of clinical contexts and works best when all parties are trained in using the same framework (Burgess et al., 2020), (Merten, Van Galen and Wagner, 2017). . ISBAR stands for Identity, Situation, Background, Assessment, and Recommendations.

Identity – Identity of the patient (such as name, age, Bed Head Ticket number, ward etc), and identity of handing over/taking over person

Situation – Symptoms and problems of the patient, patient stability, level of concerns

Background – History of presentation, Date of admission, diagnosis, relevant past medical history

Assessment – Diagnosis, Impression of the patient and his situation, management which has done so far

Response – Future management, Investigation and treatment need to do, monitoring, reviews (who, when, what), plan

There are many benefits for patients and health staff by proper clinical handover

Benefits for the patients -

- Safety is protected
- Less discontinuity of care
- Decreased repetition
- Increased service satisfaction

Benefits for medical officers and other health staff

- Educational – help to develop good communication and clinical knowledge
- Professional protection – accountability
- Reduction of stress
- Improve job satisfaction

Lanka Hospitals

Lanka Hospitals is a leading tertiary care private hospital since 2002. It provides tertiary care services in many areas such as surgery, medicine, obstetrics & gynaecology, paediatrics, and subspecialties such as neurosurgery, bone marrow transplant etc. Lanka Hospitals have a wide range of investigation facilities such as MRI, CT, and, advanced endoscopy. The hospital has a 367-bed capacity. Lanka Hospital has been awarded many excellency rewards and accreditations.

Lanka Hospitals has a well-organized handing over and taking over system in accordance with Join Commission Accreditations. The hospital has an organized quality assurance system through the Quality Assurance Department (QAD). It monthly evaluates the handing over and taking over system through chapter champion and reviews at patient safety committee meetings.

Objective

To assess the clinical handover process in Lanka Hospitals.

Methodology

1. Observation – Non-participatory observation. The observer observed the handing-over process during the hospital visit.
2. In-depth interview – with Nursing in charge of wards (Surgery and Medicine), theater, Intensive Care Unit, Medical officer in charge of the surgical unit, neurosurgery unit, orthopaedic unit, nursing officers, and medical officers of the wards, ICUs
3. Semi-structured interviews with patients and their bystanders
4. Review of the secondary data – Secondary data retrieved from the collected documents of patient handing over/taking over for medical officers, nursing officers, Checklist- Operation theatre and ICU.

Problem analysis

According to the data gathered by observations, interviews, and secondary data, Lanka Hospitals has following clinical handing-over practices.

Handing over during shifts

- Medical officer to medical officer - during shift

- There is a form for patients handing over/ Talking over to Medical officers.
- The following information was in the form - Ward number, date, time, room number of the patients, patient name, UHID number, handing over notes (Diagnosis, present clinical status, referral, investigations, procedures, and follow-up to be done), handing over medical officer name/signature and taken over medical officer name/signature.
- This form is uniformly used in all the wards. Medical officers are supposed to fill out one form for all the patients in the ward.

- Nurses handing over

- There is a book for nurses handing over of patients.
- The following information was included in the handing over notes - room, Name, diagnosis, consultant name, date, time, Treatment/surgery, investigations, referrals, other information, and signature. Nurses are supposed to fill one table of the book for each patient.

Bedside hand over

- When one shift finished, nurses used to do bedside handover to the next shift's nurses in the bedside. Though they do not have any documents or guidelines for the bedside handover, essential points were highlighted during the bedside handover.
- Medical officers were not used to do bedside handovers. If there are important points they used, share them with next shift medical officer via telephone or face-to-face.

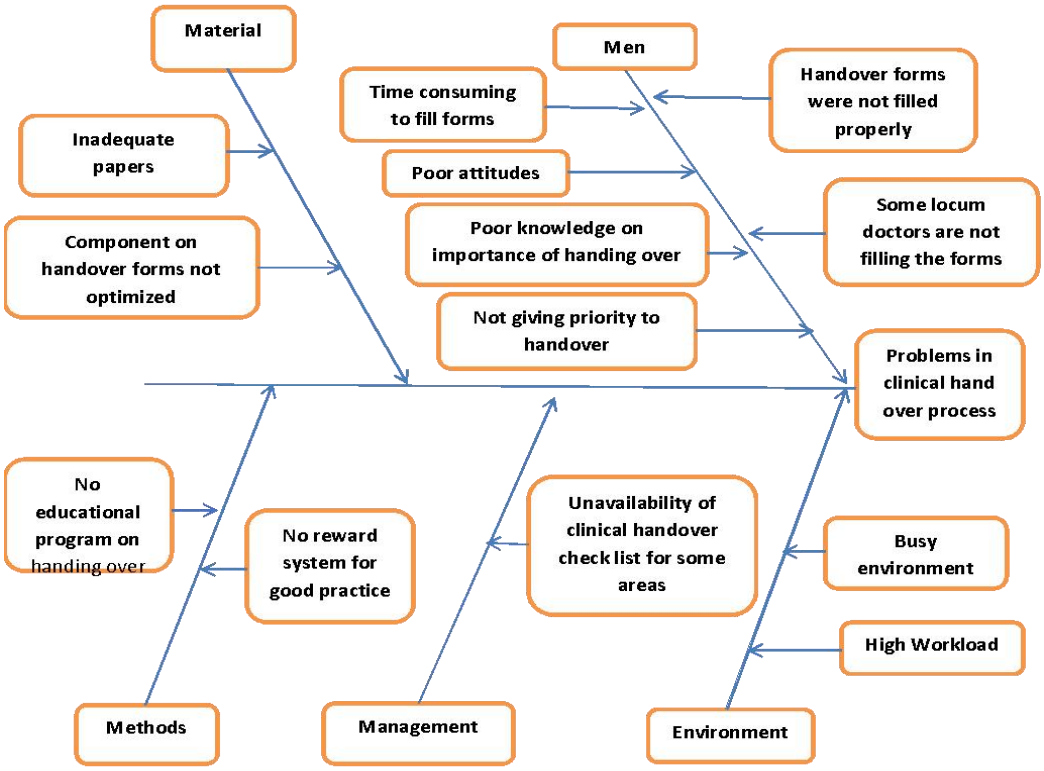
Clinical staff to bystander handing over

- There is no routine clinical handover to bystanders from clinical staff (nurses or medical officers) practice in the hospital. Though, clinical staff used to give necessary information or guidance to bystanders whenever the necessity was raised. There is an informative discharge checklist used in Lanka Hospitals. The discharge checklist included the following information,
- Check whether the consultant has discharged the patient, referrals have been informed, appropriateness of discharge summary, the signature of the medical officer to the summary, proper explanation of the condition to the patient, health education, available investigation reports, removal of devices (cannula, catheter), discharge intimation, removal of ID band, complete discharge nurses notes, and transport.

Handover during the transfer of patients within the hospital

- Several different checklists were developed for the operation theatre, endoscopy, and coronary artery bypass graft.
- Within those checklists, some components were included for patient handing over and taking over.
- In the operation theatre checklist patients name, date, surgery, anaesthesia consent, allergies, fasting time, blood group, pre-medication, pre-op advice, investigation report (ECG, scan, HSG, X-Ray, CT/MRI, Echo, Blood report), special instruction, cervical cerclage, specimens, handed over officers signature and received officer signature.
- There is a responsible nurse for each patient in each shift. When a patient transfers to ICU, a particular nurse responsible for the patient care is accompanied by patient to ICU and handed over patient to ICU staff.
- In special situations, a medical officer may accompany the patient to the ICU and do the handover process. But the usual practice is that the medical officer - ward will call the medical officer - ICU and give necessary information.
- When the patient returns to the ward, medical officer ICU writes a summary of management in ICU. This summary is considered as a handing-over note. Medical officer ward read the summary and if more information is needed, call the medical officer - ICU. This practice may vary because there is no written instruction to follow handover from one unit to another.

Key problems associated with clinical handing over in Lanka hospital were identified by the fishbone diagram.



Many deficiencies were noted in filled clinical handing over forms, especially in doctors handing over. More than 90% of medical officers' handover documents has no signature or name of the handed-over and received person. Handwriting in some forms was not able to be read. Some important areas were not filled in the forms. Inadequate knowledge of the importance of handing over, poor attitudes, and inability to prioritize the important points for handover were connected with the deficiencies of filled information in forms. Hospital is a busy place that handle many emergencies. Only one medical officer for one wing. A high workload and busy environment may lead to inadequate handing over and giving less priority to handing over.

Recommendations

It is necessary to strengthen the already available clinical handing-over system. Staff should give more attention to adhering to the current system, filling the handing over forms, and doing the process according to the guidelines. It is necessary to develop a new handing-over system for the unavailable areas, like handing over a patient from one unit to another unit within the hospital or develop a uniform handing-over system using the WHO-recommended ISBAR framework. Need to give attention to creating a computer-based handing-over system.

Minor deficiencies were identified during the observation, document review, and key informant interviews. The following recommendations were made for minimize the identified deficiencies.

1. Conduct educational and training sessions on handing over/taking over system

It is necessary to explain the importance of handing over system to staff and change their attitudes. During the educational program, staff must be instructed to use legible handwriting, complete the information on forms as much as possible, put the signature of handing over officers and taking over officers, and write the name of the employee number.

2. Conduct frequent audits at regular intervals

Audits should be conducted to identify the staff adherence to clinical handing over, and identify the gaps in the current system. It will help to continuous improvement of the handing over system.

3. Revision and update the current handing over and taking over system.

After identifying gaps in the current handing-over system through audits and staff suggestions in accordance with revision of international standards, the current handing-over/taking-over system should also be revised.

4. Consider developing the handing over electronically

Implementation

Action	Responsibility	Time frame
Conduct monthly audits and review meetings	Director Medical Service, Quality unit	Monthly
Conduct educational program on clinical handing over system to staff	Director – Medical Services,	Quarterly
Revised existing clinical handing-over forms according to the suggestions and information collected during audits	Director – Medical Services, quality unit	Annually
Develop Standard operating procedures by available guidelines on clinical handing over.	Director medical services	Within three months

Conclusion

Clinical handover is an essential component of effective communication in health care institutions. It is an integral part of patient safety. This case report aimed to assess the clinical handover process in Lanka Hospitals. There is a well-established clinical handover system in Lanka Hospitals. They have developed clinical handover forms/ checklists for most of the handing over areas, such as clinical handover during duty shifts of nurses and medical officers, handing over to theatre, endoscopy and other specialized units, handing over to specialized investigations and during patients' discharge. All the developed forms/checklists were up to WHO and JCI standards. Poor adherence to clinical handover guidelines, incompleteness of handing over forms, and illegible handwriting were identified as problems in handing over process. Recommendations were made to minimize the identified deficiencies of the handing-over process.

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