Enhance of Clinical Handover in Palliative Care Unit, Shatin Hospital

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Introduction
Clinical handover is critical to patient safety by ensuring appropriate coordination amongst health-care providers and continuity of care. However, lack of formal training and systems for patient handover impede good practice necessary to maintain high standard of clinical care (Manser & Foster, 2011). Moreover, there are unique handover content, emphasized in palliative care setting, especially related to the psycho-social issue of patients and their family, symptom control in patient as well. Consequently, the nurses in palliative care unit have to work over-time for duty handover. Therefore, CQI project focus on enhance clinical handover was implemented to structuralize the duty handover procedure, so as to enhance the effectiveness of time used in duty handover.

Objectives
1. Promote a structuralize duty handover. 2. Enhance the effectiveness of time used during duty handover.

Methodology
1. Review the current practice of duty handover about the content structure and time used. 2. Strengthen the role of Primary Nurse to improve communication and cooperation amongst the team so as to minimize unnecessary repetition in duty handover. 3. Reinforce Primary Nurse performance during duty handover with direct coaching. 4. Enhance SBAR technique of ward staff, and augmented direct coaching by APN. 5. Promote mnemonics usage in duty handover. (RCTAP – Risk, Condition, Treatment, Appointment, Psycho-social issues) 6. Monitor the practice on using mnemonics to standardize the content in duty handover. 7. Evaluate the practice on using mnemonics and SBAR technique.

Result
By the end of May 2015, outcome expected as below: 1. Duty handover be more structuralized & systematic with mnemonics (PCTAP). 2. Staff will use SBAR format to document patient progress 3. Time used in duty handover will be more efficient or minimized.