Re-engineering the Nursing Hand-over to Achieve Quality and Safety Care in Surgical Department by Applying CRM in Action

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Introduction
To have high quality, safe and continuous nursing care offered to our hospital in-patients on a 24 hours basis, nursing handover is significantly essential. However, we are challenged by many critical ill and complex cases clinically and high turn-over rate. It has high risk of causing error due to communication gap. Nevertheless, the current practice of nursing handover is lack of applying standardize communication tool. Our shift in-charge nurse has to spend average of about 1.5 hours in duty handover in our acute surgical wards. It has the urgency to introduce SBAR (Situation, Background, Assessment and Recommendation), briefing & debriefing and red flag under CRM (Crew Resource Management) to enhance clinical accuracy and effectiveness.

Objectives
To standardize communication tool in the shift nursing handover intervals. To reduce time consumed in nursing shift in-charge nursing handover by 50%. To avoid any occurrence of incidents as caused by in-accurate and incomplete communication.

Methodology
By applying SBAR under CRM, a newly nursing handover sheet was designed and implemented since September, 2014. It includes; Part A – Situation (Patient’s age, chief complaints and diagnosis), Part B – Background (kinds of drain, administration of antibiotics and stoma care), Part C – Assessment (Patient's progress, essential laboratory results and discharge planning) and Part D – Recommendation (any
special care issues need to follow). This handover sheet has patients' progress and current status recorded precisely and accurately. In addition, to serve as a reminder to nurses, the communication board in the nursing station is also re-designed; (1) bed number of patients with TPN, PCA / Epidural or Modified Early Warning Score (MEWS) > 4, (2) patients with booked radiological, endoscopic appointments. During duty hand over, shift in-charge will perform briefing and debriefing for patients' latest clinical condition and give red flag for those critically ill cases. Together with WM's participation, case sharing, information concerning hospital / Department policy and planning during the nursing handover intervals will also be delivered.

**Result**
By applying CRM, time consumed in duty handover had reduced to less than 30 minutes, which is an approximate decrease of 66% as compared with the previous practice. By end of January 2015, patients’ appointments for treatment and care are all attended on schedule and neither incident nor patient complaint was received because of inaccurate or inadequate communication. Nursing staffs are all satisfied with the newly implemented nursing handover procedures which had proven to be more accurate, systematic and effective.