Happy Patient Happy Staff - A Revised Nursing Handover Model

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Introduction
In 2010 and 2013, Patient Satisfaction Survey of Hospital Authority reported there were needs of enhancing communication skills and competencies of doctors/nurses in handling patients’ enquiries; and some patients had less desirable experiences during hospitalization. Improving communication between nurses and patients facilitates positive and trustful nurse-patient relationship; which is very important for all aspects of care and patient’s satisfaction.

Objectives
To establish proactive interaction and better relationship between nurses, patients and relatives

Methodology
A revised nursing handover model was developed in ward. Nurses performed handover at patients’ bedside during visiting hour. Pm shift case nurses were introduced to patients and relatives. Patients and relatives could express concerns about care or treatment plan. The nurse would respond immediately. Nurses also performed patients’ round at the same time. A 4-week trial had done on Oct – Nov 2013. Questionnaires were collected from patients and/or relatives and all nurses before and after the implementation. The implementation was then continued in ward from Jan 2014.

Result
Only 16% patients knew their case nurses before the project. After the trial, 94.9% of patients could recognize their own nurses. 100% patients agreed that nurses could
listen to them and satisfied with nurses’ immediate response to their concerns; when compared to pre-trial assessment which were only 70%. 89.7% of patients and relatives agreed that trust towards nurses were increased, while only 84.3% patients agreed before the project. Moreover, after the implementation, more than 50% rise in patients’ appreciations to nurses and no complaints cases were reviewed in ward after the implementation. No cases of fall, medication and hospital acquired pressure sore incident were recorded as well. 90% of nurses satisfied with this communication method to interact with patients and relatives. Time spent in handover was expected to be increased, yet average time use was only 5 minutes longer than before. Most of the patients and relatives satisfied with the new handover model. The nurse-patient communication was improved. Prescribed care and treatment would be checked and rectified during the nurses’ patient round. The quality of care was ensured. Nurses have more confidence on their competencies in communication with patients and relatives as well as the communication between staffs.