



Service Priorities and Programmes
Electronic Presentations

Convention ID: 1013

Submitting author: Mr K C LAW

Post title: Advanced Practice Nurse, RTSKH, HKEC

Patient Safety Round: Clinical Handover

Leung J(1), Lee A(1), Leung YL(1), Mak F(1), Kwong K(2)

(1)Department of Integrated Medical Services, Ruttonjee & Tang Shiu Kin Hospital,

(2)Nursing Service Division, Ruttonjee & Tang Shiu Kin Hospital

Keywords:

Patient Safety Round

Clinical Handover

Patient Safety

Engagement

Care Focus

Introduction

In as early as the year 2007, Eggins et al. (2007) already suggested that ineffective communication is a well-recognized contributor to patient harm in hospitals.

To ensure patient safety, it is vital for staff to make sure precise information is passed on continuously (Australian Medical Association, AMA. 2006). It was also stressed by the AMA that handover is of little value unless action is taken as a result and plans for further care are put into place (AMA, 2006). Therefore, patient safety round (PSR) was commenced on clinical handover in late October 2017.

Objectives

1. To explore handover format.
2. To identify good practice.
3. To engage staff in creating a safety culture.

Methodology

PSR is a proactive approach to improve patient safety with staff engagement. It was further supported by Frankel et al. (2003), that walk rounds is an effective way in increasing the perceptions of staff in patient safety.

3 managers and 2 advance practice nurses were invited to join the safety round in 3 different clinical settings.

They were i) Acute Medical Ward, ii) Respiratory Ward & iii) Geriatric Ward. Staff of each ward were interviewed by using a standardized checklist with reference to the hospital's guideline on clinical handover. The checklist can be summarized into three main areas, i) Governance & Responsibility; ii) Policies, Protocols, Guidelines & Pathways & iii) Training & Evaluations.

Result

Findings from the PSR shows that all wards develop their training and govern their

practice mainly under the guidance of Hospital Authority (HA) & local hospital guidelines on clinical handover. Table below listed the similarities and difference in handover structure of acute and chronic clinical setting.

The existing handover practice addressed the different care focuses. Patient care under respiratory ward and acute medical ward had shorter Length of Stay (LOS) and involved more acute problems. The handover required a daily comprehensive care plan for progress review as well as pre-discharge care plan to identify the need for ongoing care. Patient care under geriatric ward, on the other hand has longer LOS and was focus more on the rehabilitation progress. The handover required individual specific care plan and thus daily progress review for individual patient was essential for their recovery. However it seemed difficult to find a standard model that will suit all care focus. It was concluded that a safe and effective clinical handover practice shall be designed on how to engage staff to have a handover structure to address the patient essential needs in different care focus.