



Service Priorities and Programmes Electronic Presentations

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Submitting author: Ms Kitty Yuen Man MAK

Post title: Ward Manager, Cheshire Home, Shatin, NTEC

Reforming and Standardizing the Clinical Handover System in Cheshire

Chan SH(1), Mak YM(2), Tsang SM(3), Yeung W(4)

Infirmery Unit and Disabled Unit, Cheshire Home, Shatin.

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Introduction

Clinical handover is an important issue in all clinical health setting for continuity of patient care. It is the transfer of professional responsibility and accountability of patient care to another professional person. Poor handover will lead to waste of resources, unnecessary delay in diagnosis, treatment and care, as well as patient complaints. The challenges that Cheshire Home face are the variation and incompleteness of clinical handover. A quality improvement program on standardization of clinical handover was carried out in 2014. Different aspects of clinical handover including nursing shift handover, electronic supervisor handover, and patient care assistant handover plus inter and intra hospital transfer of patient and high risk case handover were attended.

Objectives

The project helps to ensure all the significant topics are consistently included in each handover and to reduce the variances of handover between units and wards. All high risk case can be alerted to every team member in the clinical handover and to provide better continuity of care to patient.

Methodology

The guideline and procedure on clinical handover are developed. Templates, forms and checklist containing the most crucial information in handover are created. Each handover are systematically according to the pre-designed format in the template, forms and checklist to avoid missing of important points. Redundancies are removed. Written copy and face to face handover method are carried out in daily nursing handover, patient care assistant's handover, intra/inter hospital patient transfer handover and high risk case handover. Electronic format of clinical handover gives the full picture of all wards among nursing managers and supervisors. It covers the patient occupancy, major events (clinical and non-clinical), clustering of infectious patient and sick staff. The report was sent out once by e-mail to the nursing management team and report are kept in the secured shared folder in i-hospital. For the handover of high risk case, a new observation chart, with color zones divided by triggering points, is developed to facilitate early detection of deteriorating patient.

Parameters falling in color zones (yellow and red) of the chart indicate the need for escalating level of care. High risk case identified are immediately offered interventions and recorded in a daily renewed high risk case chart to facilitate handover, alert staff and to improve the continuity of patient care. High risk case hand over is put on the first priority in daily handover. Doctor, nurses and allied health can easily get to know the high risk case immediately when they come to work.

Result

An evaluation had been done on the standardization of clinical handover in 2015. The overall compliance rate in one unit was 100% and other unit was 63.3%. 75% of staff agreed that shift handover template was well organized, 72% of staff revealed that shift handover include all critical items and 66% agreed that the template facilitate handover. For high risk case handover, 68% deteriorating cases could be identified to provide prompt treatment and handover to the next shift. The high risk case handover was mostly welcomed by all the nursing supervisors as they could immediately spot out the special case during their ward round. Moreover, 90% of staff satisfied with the electronic nursing report and 75% said the program was easy to run. Finally, the overall impression on the effectiveness was 72%. The results of this quality improvement program were share in the quality and safety forum and nurse forum. Fine tuning of program had been done after attending the feedbacks. Further advocate and briefing has to be followed to increase the compliance on the clinical handover.