Nursing Inter-Shift Handover Process in Mental Health Settings: Enhancing a Traditional Ritual through Evidence Based Practices

Rajni Parasuram (Presenter)
Poh Chee Lien
Institute of Mental Health, Singapore
Background

• WHO ranked communication during handover as 5th priority\textsuperscript{14}
• Ranked 2nd priority by JCI\textsuperscript{11,13}
• Key focus at the ACSQHC\textsuperscript{2}
• No standardized way of handover (e.g. haphazard)
• Handover information to receiving shift inconsistent
Current Gap

- No other mental health hospital to benchmark practices
- No evidence based audit tool criteria for mental health shift handovers
Audit questions

- Are existing handovers efficient and effective?
- Are patient information transferred accurately and timely?
- Is the practice based on best available evidence?
Aims and objectives

• Examine existing handover practices/process
• Determine strengths and limitations
• Identify, implement and evaluate the inter-shift handover process
Audit criteria

1. Face to face communication\textsuperscript{6,13,14}
2. Documented using a structured tool\textsuperscript{9,11,13}
3. Patient is being identified\textsuperscript{6}
4. Patient’s relevant history has been stated\textsuperscript{11}
5. Detailed observation of the patients have been stated\textsuperscript{6,7}
6. Includes an agreed plan of care for the patient\textsuperscript{10,11}
7. Transfer of responsibility\textsuperscript{1,12,13}
Setting and sample

• Tertiary mental health institution
• 4 acute admitting in-patient mental health wards
• Weekly Tuesday or Wednesday audits for 1 month by 4 auditors using PACES and GRIPS
• Occur during afternoon inter-shift handovers
• Period of four months from August to December 2011
Methods

Phase 1: Preparation phase

• Development of project guideline
• Presentation and buy-in to key stakeholders
• Baseline collection for a month of data to assess situation
• Auditors sat in for observation for handover sessions in identified wards (checklist criterion in PACES)
• Presentation of baseline data
Results
Baseline Compliance Audit (294 cases)

All Teams - Aggregated

Criterion
1
2
3
4
5
6
7

Compliance %
0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

Standardized documentation
Results

Baseline Compliance Audit (294 cases)
Results

Baseline Compliance Audit (294 cases)
Results

Baseline Compliance Audit (294 cases)
Methods

Phase 2: Implementation

• Identification of gaps in GRIPS
  – Lack of proper handover techniques $^{10, 13}$
  – Resistance to change $^{13}$
  – Misuse of time $^{10, 13}$

• Strategies to improve compliance
  – town hall meetings with key stakeholders
  – education sessions on evidence-based handover strategies conducted for nurses
  – appointment of a time keeper
Methods

Phase 3: Post implementation

• Follow up audit
• GRIP program will be used to identify gaps
• Ongoing monitoring
• Final report
Results

Post implementation Compliance Audit (317 cases)

All Teams - Aggregated

Criterion | Compliance %
--- | ---
1 | 43
2 | 61
3 | 60
4 | 78
5 | 92
6 | 99
7 | 98

49%
Results
Post implementation Compliance Audit (317 cases)
Results

Post implementation Compliance Audit (317 cases)
Results

Post implementation audit (317 cases)
Recommendations

• Ongoing audits
  – One ward audited monthly
  – Conducted in the 1st or 2nd week of the month between 2pm - 5pm

• Integrate evidence-based audit system into the NQIC Nursing Audit.
Conclusion

• Handovers are important nursing communication tool
• Information used to prioritize and make clinical decisions
• Evidence based evaluation ensures patient safety
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References


References


