IMPROVING THE EFFICIENCY AND QUALITY OF THE NURSING HANDOVER PROCESS ON PAEDIATRIC INTENSIVE CARE USING THE PRODUCTIVE WARD

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Introduction

Handover is a critical part of the communication process in patient care\(^1\). A thorough handover can have a significant impact on:

- reducing avoidable errors
- reducing communication repetition
- increased patient safety
- improved patient satisfaction\(^2\)

Staff within our 20 bedded mixed had concerns that the current system of handover was often repetitive, passed on irrelevant information, did not allow for considered staff allocation and often did not keep to time.
The Productive Ward\(^2\) provides a practical and structured tool kit to assess and streamline core ward processes in order to improve efficiency, safety and quality of care\(^3,4\).

The programme facilitates teams to decide what a ‘good’ handover is and engage staff in defining best practice according to local need\(^5\).

**Aim:** Following the Productive Ward methodology assess, plan and implement sustained change to the PIC handover process.
Methodology

A. Gather data on our existing handover practice through
1. Parent satisfaction (complaints)
2. Critical incident reports relating to communication
3. Staff satisfaction (semi-structured questionnaire, administered July-August 2009)
4. Timed handover data

B. Develop and implement a standardised operating procedure (SOP) to define:
   - Allocation of staff
   - Definition of information to be disseminated during handover
   - Handover checklist

C. Evaluate measured data pre and post change
Components of the SOP

**Change 1:** allocation *prior* to shift commencing

**Change 2:** streamlined & structured handover brief

**Change 3:** Bedside Handover checklist
1. **Parent satisfaction (complaints)**: 0 complaints relating to handover communication pre or post change.

2. **Critical incident report rates (IR1 reports)**: Rates remained extremely low: 1 pre (2008) and 2 post (2009) change (alongside culture of increased reporting).

3. **Staff questionnaire:**
   - 72/165 (44%) members of staff returned the questionnaire.
   - Staff rated the allocation system as easy to use, fair and the majority felt it met their learning needs.
   - Staff felt adherence to the SOP meant:
     - shifts started and finished promptly (rated by 50/72, 69%)
     - the handover checklist promoted accuracy (55/72, 76%)
     - the overall thoroughness of handover was improved (43/72, 61%)
Results 2

4. Timed handover data
   - Team leader to team: reduced from 9 – 4.3 mins (52% reduction).
   - Bedside handover increased by 3.4mins, increasing time for direct patient communication.

5. Continuity data: despite fears amongst the staff of reduced continuity of care this was not compromised by the change in allocation practice.

<table>
<thead>
<tr>
<th>Time (mins)</th>
<th>Coffee room brief</th>
<th>Team leader to Team</th>
<th>Bedside</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre change average</td>
<td>3</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Post change average</td>
<td>↓ 0.7</td>
<td>↓ 4.3</td>
<td>↑ 14.4</td>
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<table>
<thead>
<tr>
<th></th>
<th>January 09</th>
<th>June 09</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Patients</td>
<td>109</td>
<td>114</td>
</tr>
<tr>
<td>No. Staff</td>
<td>120</td>
<td>107</td>
</tr>
<tr>
<td>No. Pt shifts</td>
<td>1707</td>
<td>1592</td>
</tr>
<tr>
<td>No. shifts same nurse worked with same pt</td>
<td>1.89</td>
<td>1.85</td>
</tr>
</tbody>
</table>
Conclusion

The Productive Ward\(^2\) provided us with a means to engage frontline staff in a change process. The result is a standardised, robust and timely handover and patient allocation process which has been sustained for two years and is capable of adaption to future service demands.
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References: