DISSERTATION
MAX SUPER SPECIALITY HOSPITAL SAKET

GUIDED BY-

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PRESENTED BY-

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DISSERTATION TITLE

ASSESSMENT OF HANDOVER COMPLIANCE RATE OF DOCTORS IN MAX SUPER SPECIALTY HOSPITAL ,SAKET DELHI

RESEARCH QUESTION

TO FIND OUT THE REASON BEHIND THE IMPROPER MAINTENENCE OF HANDOVER FORMAT BY THE DOCTORS DURING THEIR SHIFTS OF WORKING?

RATIONALE

THE MOST IMPORTANT REASON BEHIND TO CHOOSE THIS STUDY IS THAT IN MY ORGANISATION WHERE I AM WORKING AS AN EMPLOYEE THE COMPLIANCE RATE OF THE DUTY HANDOVER OF DOCTORS ARE LACKING BEHIND SO TO ANALYSE THE REASON THAT WHY THE DOCTORS ARE NOT FOLLOWING IT ON REGULAR BASIS AS PER THE JCI AND NABH GUIDELINE .

OBJECTIVES

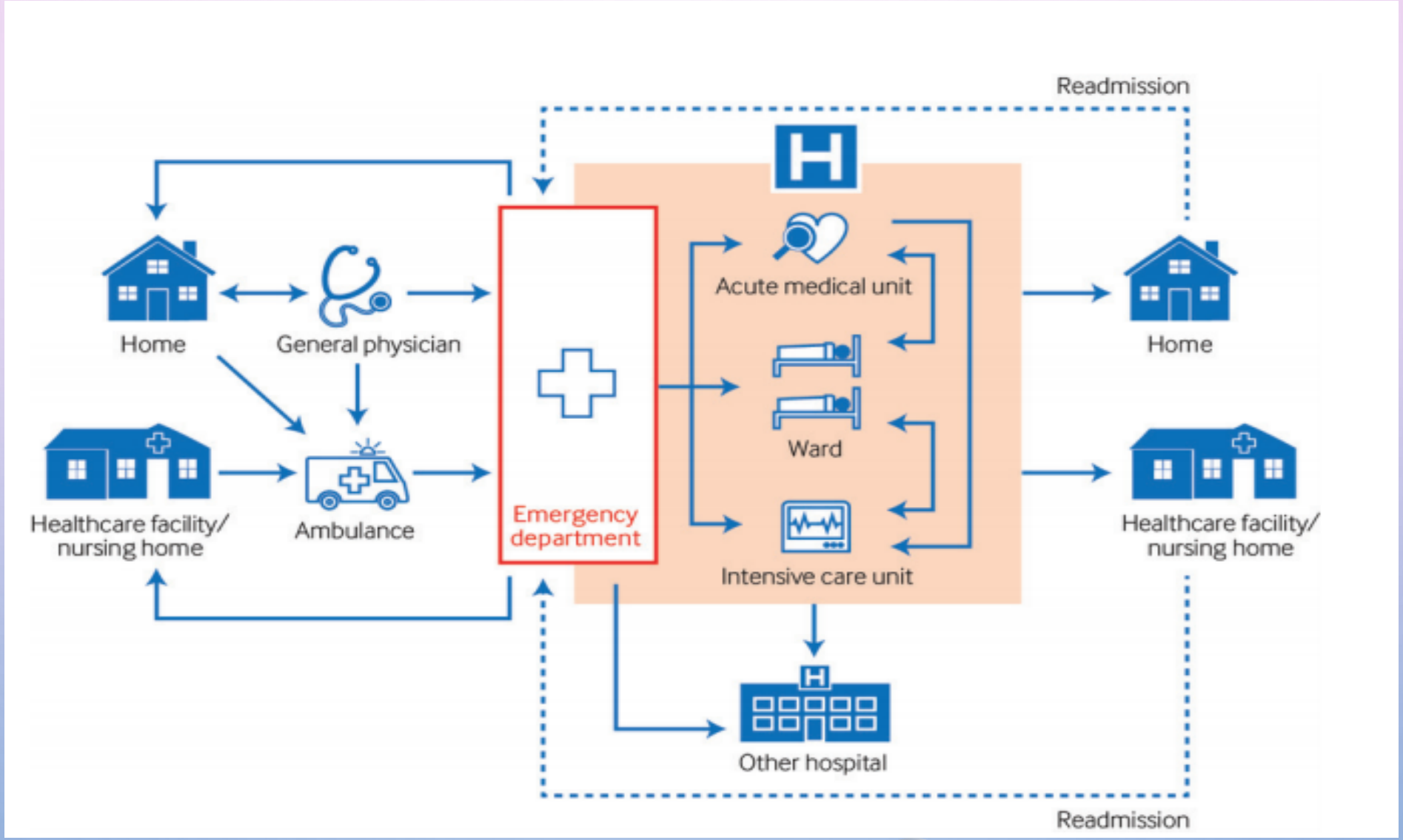
THE MAIN OBJECTIVES OF THE STUDY ARE: -

- . TO EVALUATE THE HANDOVER PROTOCOLS ARE FOLLOWED BY DOCTORS OR NOT.
- A DETERMINATION OF THE STANDARDS OF HANDOVER WHICH MUST BE DELIVERED BY INDIVIDUAL CLINICIAN AND CLINICAL TEAM.
- A FRAMEWORK FOR HANDOVER BASED ON THE BEST EVIDENCE.

LITERATURE REVIEW

- LITERATURE WAS DRAWN FROM THE ARCHI EXTENSIVE NETWORK OF PRACTITIONERS AND RESEARCHERS INTERNATIONALLY AS WELL AS NATIONALLY CONTRIBUTING PARTICULARLY TO THE COLLECTION OF “GREY LITERATURE” OR UNPUBLISHED MATERIAL. EXTENSIVE SEARCHING WAS UNDERTAKEN USING ELECTRONIC DATABASES INCLUDING WEBSITES. DETAILS OF THE METHODOLOGY USED IN THE LITERATURE REVIEW INCLUDING SEARCH TERMS, INCLUSION AND EXCLUSION CRITERIA, AND THE PROCESS USED FOR CULLING, EXAMINING AND SUMMARISING THE FINDINGS ARE PROVIDED AT SEVERAL RESEARCH PAPERS.
- HANDOVER OF CARE … WHEN CARRIED OUT IMPROPERLY CAN BE A MAJOR CONTRIBUTORY FACTOR TO SUBSEQUENT ERROR AND HARM TO PATIENTS. THIS HAS ALWAYS BEEN SO, BUT ITS IMPORTANCE IS ESCALATING WITH THE REQUIREMENT FOR SHORTER HOURS FOR DOCTORS AND AN INCREASE IN SHIFT PATTERNS OF WORKING-(PROFESSOR SIR JOHN LILLEYMAN MEDICAL DIRECTOR NATIONAL PATIENT SAFETY AGENCY)

- HAVING EFFECTIVE COMMUNICATION IS ONE OF THE MAIN RECOMMENDATIONS AND PRIORITIES HIGHLIGHTED BY JOINT COMMISSION INTERNATIONAL (JCI). LIKEWISE THE WORLD HEALTH ORGANIZATION'S (WHO) REPORT (2009) INDICATED CLEARLY THAT COMMUNICATION IS ONE OF THE VITAL ISSUES THAT AFFECTS PATIENT SAFETY.
- THE AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE HAS EVALUATED THE HANDOVER PROCESS AFTER IMPLEMENTING THE HANDOVER GUIDELINES. THEY FOUND THAT DISTRACTIONS DURING HANDOVER WERE RELATED TO INEFFECTIVE COMMUNICATION AND ADDITIONAL TIME SPENT ON HANDOVERS. REGULAR DISTRACTIONS SUCH AS TELEPHONE ALERTS, APPROACHING OF PATIENTS' RELATIVES AND MEDICAL STAFF INTERRUPTING INCREASE THE LENGTH OF HANDOVERS AND RESULT IN IMPORTANT INFORMATION NOT BEING PASSED ON EFFECTIVELY.
- A STUDY BY CURRIE ALSO REPORTED THAT THE LONGER HANDOVER TIME HAS LED TO LOWER ATTENTION SPANS OF BOTH REPORTING AND RECEIVING STAFF DURING HANDOVERS. DURING TRANSFER OF PATIENTS, INFORMATION REGARDING TESTS UNDERTAKEN AND TREATMENT OR CARE RECEIVED IS TRANSFERRED BETWEEN HEALTHCARE PROVIDERS TO FORMULATE A PLAN FOR CONTINUED CARE


Readmission
Home
General physician
Healthcare facility/
nursing home
Ambulance
Emergency
department
Acute medical unit
Ward
Intensive care unit
Other hospital
Home
Healthcare facility/
nursing home
Readmission

MATERIALS AND METHODS

- **STUDY DESIGN**-DESCRIPTIVE ANALYTICAL STUDY
- **RESEARCH APPROACH** – QUANTITATIVE
- **SAMPLE TECHNIQUE**- CONVENIENT SAMPLING
- **SAMPLE SIZE** =150
- **LOCATION –**MAX SUPER SPECIALITY HOSPITAL SAKET .
- **PRIMARY DATA –**STRUCTURED CHECKLIST
- **SECONDARY DATA –**NABH, JCI& OTHER GUIDELINES.
- **DATA COLLECTION PROCEDURE-** CHECKLIST
- **DATA ANALYSIS PROCEDURE:** DATA WILL BE EVALUATED ON THE BASIS OF THE CHECKLIST WHICH WILL BE PREPARED THEN IT WILL GET NOTED INTO THE EXCEL SHEET AND AFTER THE EVALUATION OF EVERYTHING IT WILL REPRESENTED IN THE FORM OF GRAPHS.

GUIDELINES FOR HANDOVER IN JCI &NABH

IN JCI

STANDARD IPSG 2.2

THE HOSPITAL DEVELOPS AND IMPLEMENTS A PROCESS OF HANDOVER COMMUNICATION

IN NABH

ACC.1.14

AS PER NABH DOCTORS ARE SUPPOSE TO USE A PRE –PRINTED FORMAT FOR THE DOCTORS AND A S-BAR FORMAT FOR THE NURSES.

FORMAT OF PRE-PRINTED FORMAT

S.NO	UHID	PATIENTS NAME	DOCTORS NAME	INVESTIGATIONS DONE	SURGERIES DONE	DISAGNOSIS	PLAN OF ACTION	CONTER SIGN OF THE DOCTORS

FINDINGS AND OBSERVATION

CHECKLIST

- IS IT IMPORTANT TO MAINTAIN THE HANDOVER DUTY REGISTER?

IS THE FORMAT OF THE HANDOVER REGISTER OF DOCTORS APPROPRIATE?

HANDOVER NOTE SHOULD BE DONE MANUALLY OR TECHNICALLY?

IS IT EASY TO FILL THE FORMAT OF THE HANDOVER REGISTER?

WHY DOCTORS ARE NOT FOLLOWING THE HANDOVER REGISTER?

DO YOU THINK ABBREVIATION SHOULD BE USE WHILE DOING ANY ENTRY INTO THE PRE-PRINTED FORMAT FOR DUTY HANDOVER OF DOCTORS?

DO YOU WANT TO MAINTAIN THE FILLING FORMAT OF HANDOVER REGISTER?

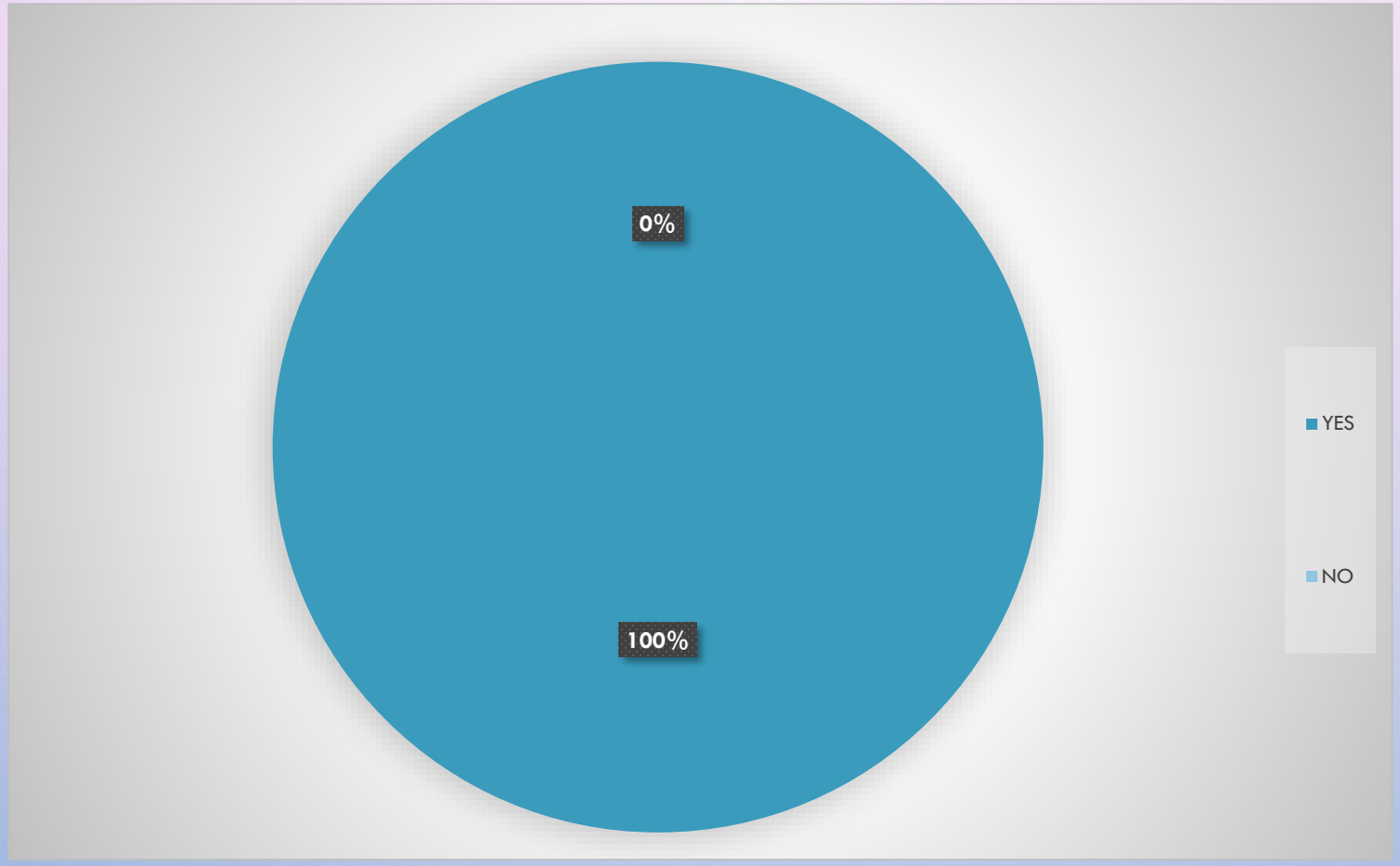
ARE YOU AWARE ABOUT THAT WHAT KIND OF ABBREVIATION DOCTORS CAN USE WHILE FILLING THE HANDOVER REGISTER ?

OBSERVATION

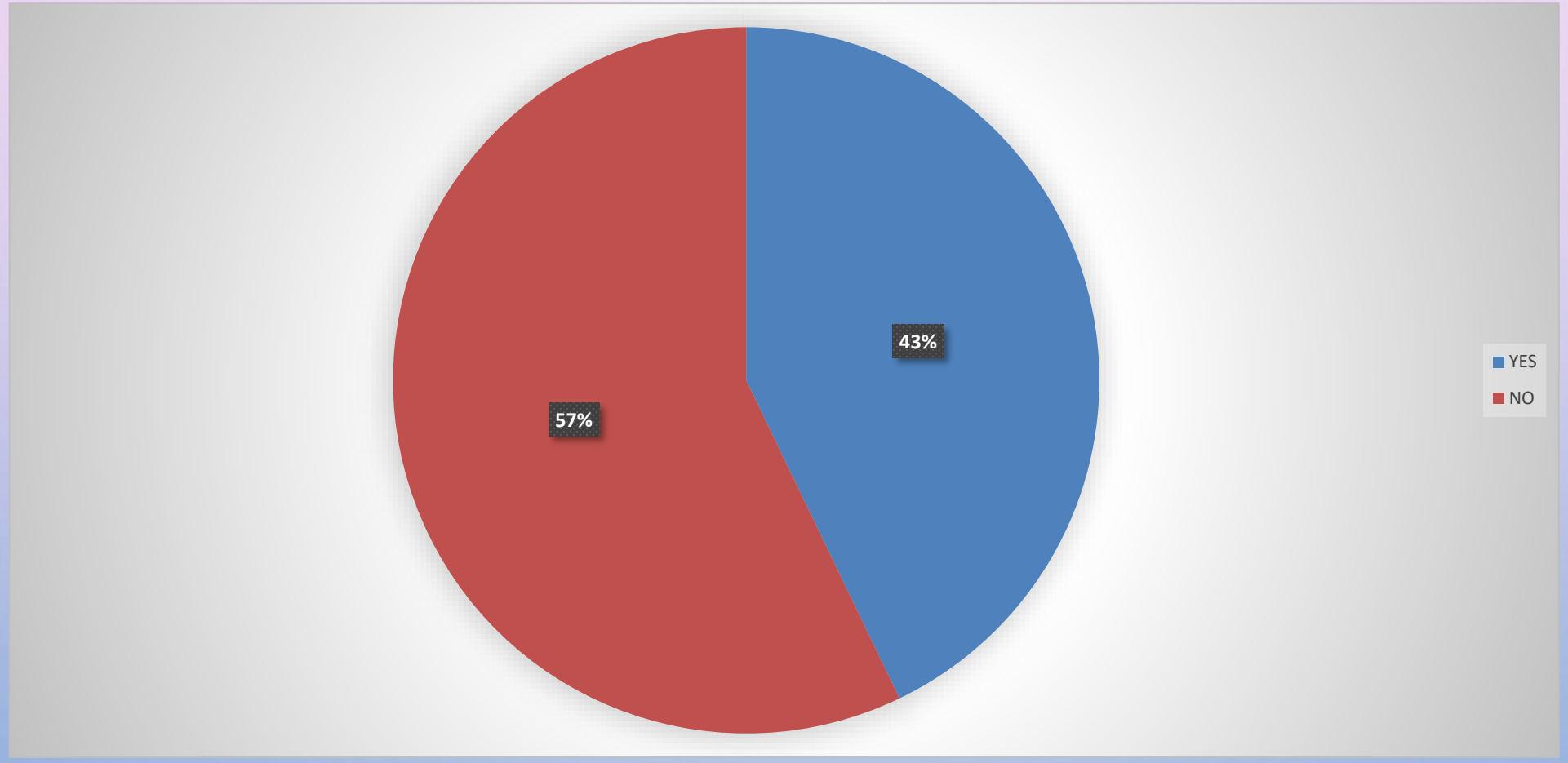
HANDOVER COMMUNICATION IS AT SOME LEVEL LACKING BEHIND IN ALL THE DEPARTMENTS.

- SOME OF THE DEPARTMENTS ARE FOLLOWING THEIR OWN FORM OF FORMAT RELATED TO HANDOVER OF DOCTORS LIKE GASTEROLOGY, NEPHROLOGY
- THE FORMAT WHICH IS USED BY DOCTORS IN SOME OF THE DEPARTMENTS ARE ALSO NOT PROPER BECAUSE THERE IS AS SUCH NO RECORD THAT TO WHOM THE DOCTORS ARE HANDOVERING THEIR DUTY ACCORDING TO THEIR SHIFTS.
- AS PER THE DOCTORS RESPONSE THEY ARE UNABLE TO MAINTAIN THE REGISTER BECAUSE OF THEIR WORKLOAD, ACCORDING TO THEM AT THE SAME TIME THEY HAVE TO TAKE CARE OF THEIR PATIENTS AND THEY HAVE TO ENTER THE NOTES INTO THE CPRS ON TIME BECAUSE IF THEY WILL NOT ENTER THE NOTE INTO THE CPRS ON TIME THEN THAT WILL BE A REASON OF RISK OR WE CAN SAY THAT CAN CAUSE A LEVEL OF DISCOMFORT FOR THE PATIENTS ALSO.
- IN SOME OF THE DEPARTMENTS IF THE REGISTER ARE GETTING SIGNED BUT NOT ON DAILY BASIS.
- THE ATTITUDE OF THE DOCTORS ARE ALSO NOT UP TO THE MARK REGARDING THE HANDOVER OF THEIR DUTIES.

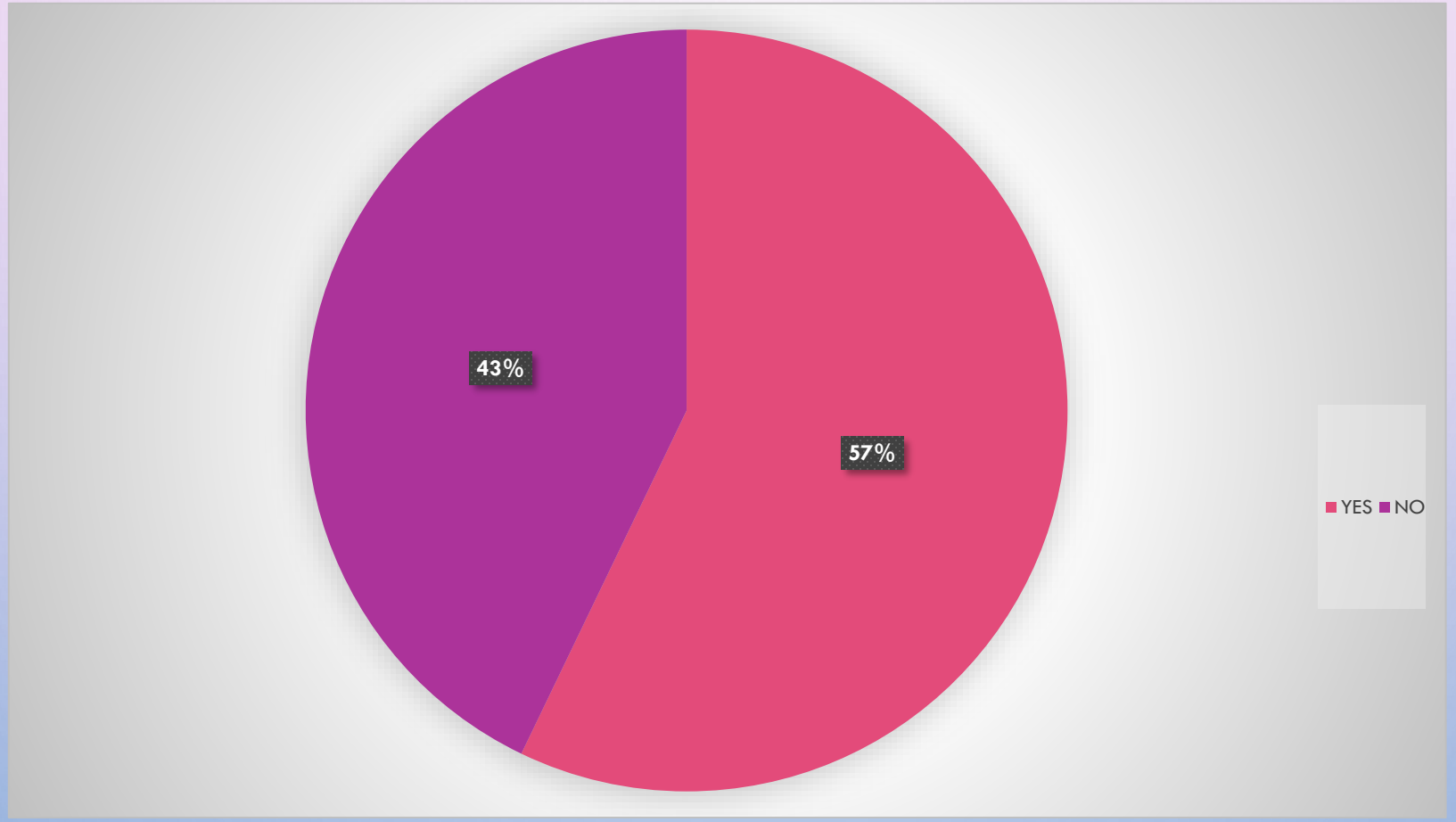
IS IT IMPORTANT TO MAINTAIN THE HANDOVER DUTY REGISTER?



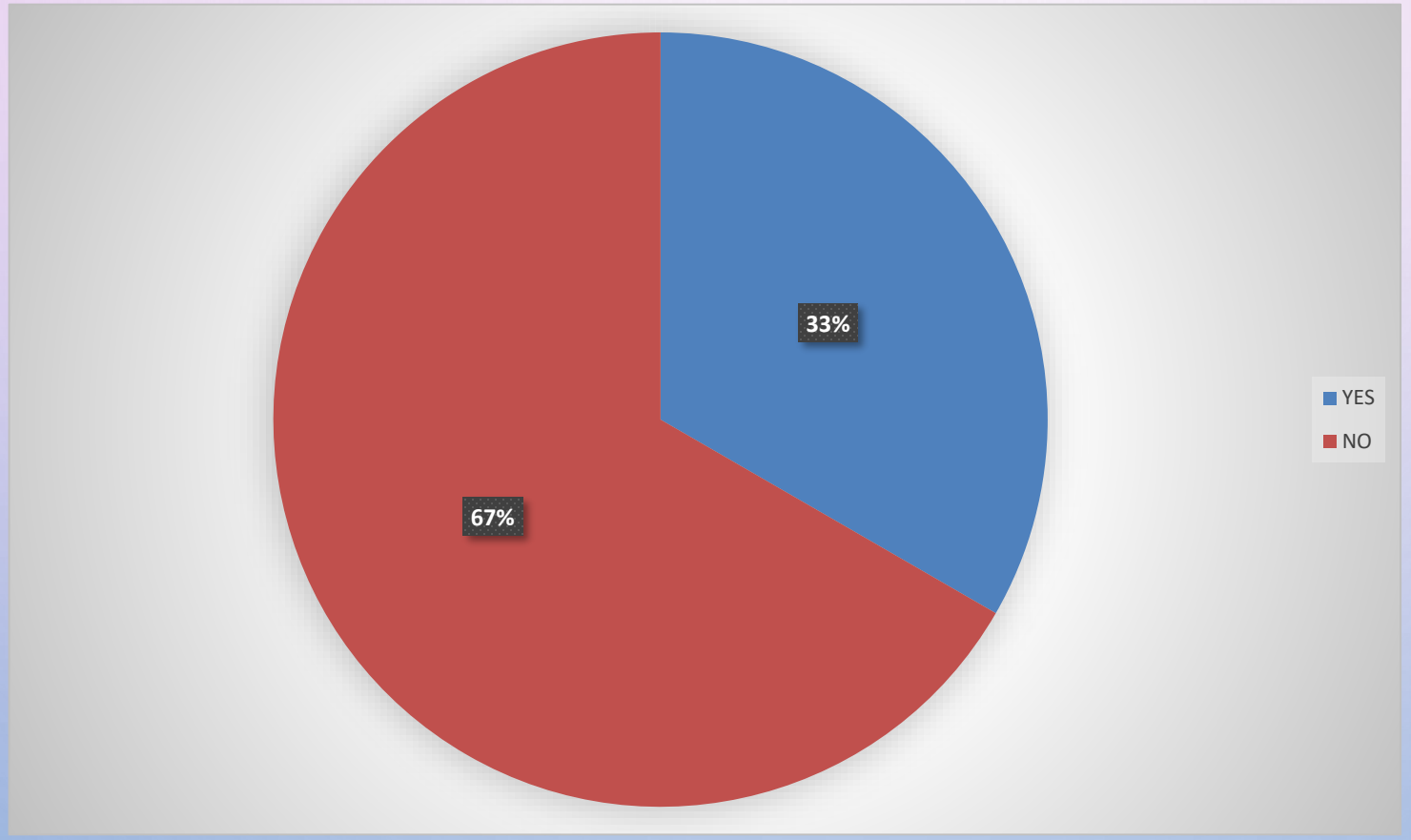
- HANDOVER NOTE SHOULD BE DONE MANUALLY OR TECHNICALLY?



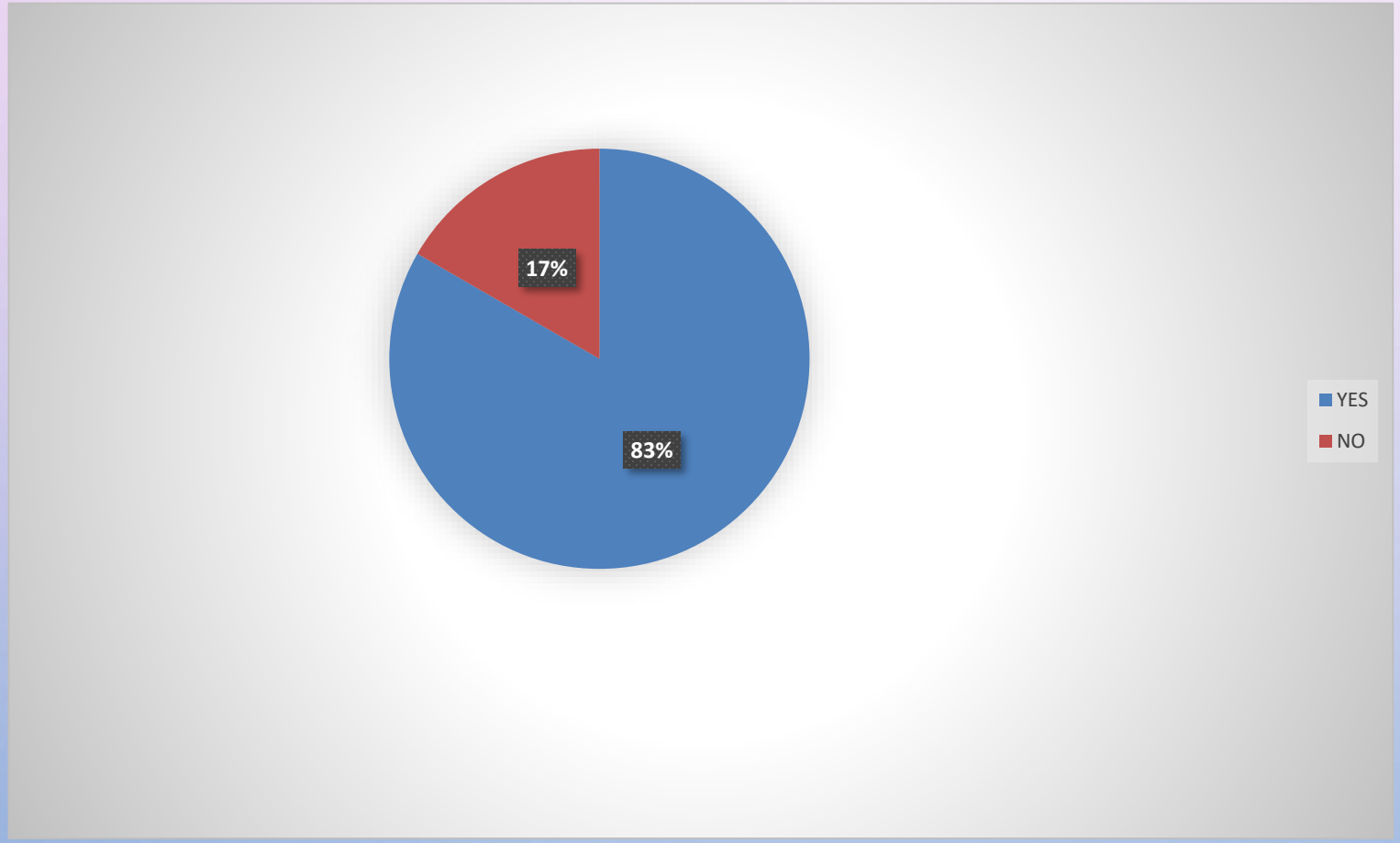
- DO YOU THINK ABBREVIATION SHOULD BE USE WHILE DOING ANY ENTRY INTO THE PRE-PRINTED FORMAT FOR DUTY HANDOVER OF DOCTORS?



- DO THE DOCTORS WANTS TO MAINTAIN THE FILLING FORMAT OF HANDOVER REGISTER?



- DO THE DOCTORS ARE AWARE ABOUT THAT EXACTLY WHAT KIND OF ABBREVIATIONS THEY CAN USE IN CASE OF DUTY HANDOVER?



THE FOLLOWING ABBREVIATIONS WHICH ARE USED IN MAX HOSPITAL

CTVS	Cardiac Thoracic Vascular Surgery
MAMBS	Minimal accesses ,metabolic & bariatric surgery
PAC	Pre anaesthetic clearance
RRT	Rapid response team
CODE BLUE	Cardiac arrest
MI	Myocardial infarction
COPD	Chronic obstructive pulmonary diseases
BIPAP	Bi-level positive air pressure
CPAP	Continuous positive airway pressure
TTI	Transfusion transmitted infection
TB	Tuberculosis
BGA	Blood gas analysis

REASONS

AS PER THE DOCTORS RESPONSE DOCTORS HAS MENTIONED SOME OF THE REASONS THAT WHY THEY ARE NOT DOING IT.

-DUE TO THE LACK OF MANPOWER

-DUE TO THE HEAVY WORKLOAD OF THE PATIENTS

-THEY CANT CARRY THE WHOLE REGISTER ALONG WITH THEM EVERY TIME

-ACCORDING TO THEM ON CALL BASIS THEY USE TO EXCHANGE THEIR DUTIES

-AND NOT EVERY DOCTOR HAS MENTIONED THE REASON OF IRREGULARITY DURING THE TIME OF OBSERVATION ONLY 25 % DOCTORS HAS RESPONDED ON THIS PARTICULAR QUESTION.

CONCLUSION

- DURING THIS STUDY I HAVE OBSERVED THAT HANDOVER IS ONE OF THE MOST IMPORTANT FACTOR FOR THE DOCTORS TO REDUCE THE LIFE RISK OF THE PEOPLE BECAUSE BY THE HELP OF MAINTAINING THE HANDOVER REGISTER IT WILL BE EASY FOR THE DOCTORS TO SHARE THEIR RESPONSIBILITIES AMONG THEIR COLLEAGUES BY MENTIONING ALL THE DETAILS OF THE PATIENTS IN THAT PARTICULAR HANDOVER FORMAT BECAUSE THE BASIC AIM OF THIS STUDY IS TO TRANSMIT ACCURATE, RELEVANT AND CURRENT DETAILS ABOUT THE PATIENTS' CARE, TREATMENT, HEALTH SERVICE NEEDS, CLINICAL ASSESSMENT MONITORING AND EVALUATION, AND GOAL OF PLANNING OF SEVERAL DIFFERENT CHALLENGES OF TREATMENT AND IT SHOULD BE MAINTAINED ON DAILY BASIS TO AVOID THE ADVERSE EVENTS AND MAKE THE DOCTORS MORE RESPONSIBLE TOWARDS THEIR DUTIES AND PREPARE AN ORGANISATION ACCORDING TO THE JCI & NABH NORMS AND I AM VERY THANKFUL TO MY MENTOR DR.SANDEEP MOR WHO HAS TOPIC AND ALSO HELPED ME TO GET THE AWARENESS REGARDING THE NORMS AND GUIDELINES OF THE HANDOVER COMMUNICATION OF THE DOCTORS.

RECOMMENDATION

- WE CAN SET OR DESIGN A PRE-PRINTED AND FORMAT FOR THE DOCTORS SO THAT THEY CAN EASILY CARRY THAT PAPER ALONG WITH THEM EASILY HANDOVER THEIR DUTY RECORDS.
- THOSE PRE-PRINTED FORMAT SHOULD BE STICK INTO THE FILES AND PROPER RECORD SHOULD BE MAINTAINED ON MONTHLY BASIS.
- WE CAN ALSO SET A SBAR FORMAT FOR THE DOCTORS BUT NOT LIKE THE NURSES ARE DOING IT.
- WE CAN ALSO ASK THE DOCTORS TO WRITE THE PRIORITY LEVEL OF THINGS INTO THE HANDOVER REGISTER AS PER THE WORK LOAD OF THEM.

REFERENCE

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- WWW.NABH.CO/

THANKU