Assessment of Compliance of Handover Communication Among Doctors and Nurses in ICU and Wards in Max Super Speciality Hospital, Shalimar Bagh

By

Shree Yadav

Dissertation submitted for the partial fulfillment of the

MBA Hospital and Health Management

Academic year, 2016-2018

The IIHMR University, Jaipur

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INSTITUTE OF HEALTH
MANAGEMENT RESEARCH
(WHO Collaborating Centre for District Health System Based on Primary Health Care)

IIHMR UNIVERSITY

TO WHOMSOEVER MAY CONCERN

This is to certify that **Dr. Shree Yadav** student of MBA Hospital and Health Management from The IIHMR University, Jaipur has undergone internship training at **Max Super Specialty Hospital, Shalimar Bagh** from **2nd Feb, 2018 to 04th May, 2018.**

The candidate has successfully carried out the study designated to her during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish her all success in all her future endeavors.

Dr Ashok Kaushik
Dean, Academics and Student Affairs
The IIHMR University, Jaipur

Dr. J.P. Singh
Associate Professor
The IIHMR University, Jaipur

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The certificate is awarded to

DR.SHREE YADAV

In recognition of having successfully completed her
Internship in the department of

MEDICAL ADMINISTRATION

and has successfully completed her Project on

COMPLIANCE OF HANDOVER AMONG THE DOCTORS AND NURSES IN ICU AND WARDS OF THE HOSPITAL.

FROM 1ST FEB 2018 TO 4TH MAY 2018

AT

MAX SUPERSPECIALITY HOSPITAL, SHALIMAR BAGH, NEW DELHI

She comes across as a committed, sincere & diligent person who has a strong drive and zeal for learning

We wish her all the best for future endeavors

Max Super Speciality Hospital Shalimar Bagh

ASSISTANT MEDICAL SUPERINTENDENT

Max Super Speciality Hospital Shalimar Bagh

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **To Assess the compliance of handover communication among doctors and nurses in ICU and Wards at Max Super Specialty, Shalimar Bagh** and submitted by **Dr. Shree Yadav** Enrollment No. **IIHMR-U/01/2016-2018/0497** under the supervision of **Dr. J. P. Singh** for award of MBA in Hospital and Health Management of the University carried out during the period from **2nd February to 4th May 2018** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Shreeyadav

Signature

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THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all the ethical issues have been considered while collecting data for my dissertation titled, **To Assess the compliance of handover communication among doctors and nurses in ICU and Wards at Max Super Specialty, Shalimar Bagh.**

Signature

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Acronyms/abbreviations

IPSG - International Patient Safety Goals

CPRS – Computerized Patient Record System

SBAR – Situation Background Assessment Recommendation

PICU – Pediatric Intensive Care Unit

NICU – Neonatal Intensive Care Unit

MICU- Medical Intensive Care Unit

HDU- High Density Unit

ACCU- Acute Cardiac Care Unit

CCU- Cardiac Care Unit

CTVS- Cardiothoracic Vascular Surgical Intensive Care Unit

SICU- Surgical Intensive Care Unit

INTRODUCTION

ABOUT THE ORGANIZATION

Motto	Care for life
Formation	2001
Type	Privately owned healthcare network
Headquarters	Delhi, India
Location	North India
CEO and Managing Director	Rajit Mehta
Parent organization	Max India Limited

Max healthcare is a group of 12 facilities in north India out of which 9 are in Delhi and NCR.

Hospitals

- Max Super Specialty Hospital, Shalimar Bagh
- Max Super Specialty Hospital, Saket (east block)
- Max Super Specialty Hospital, Saket (west block)
- Max Super Specialty Hospital , Patparganj
- Max Super Specialty Hospital , Mohali
- Max Super Specialty Hospital, Bathinda
- Max Super Specialty Hospital, Dehradun
- Max Multi Specialty Hospital, Noida
- Max Hospital, Gurgaon
- Max Hospital , Pitampura
- Max Med Centre, Panchsheel Park
- Max Specialty Clinic , Panchsheel Park(Eye care & Dental care)

MAX SUPER SPECIALITY HOSPITAL, SHALIMAR BAGH

Max Super Specialty Hospital, Shalimar Bagh, is a leading Multi Super Specialty 250 Bedded Hospital providing the highest level of professional expertise and world-class care across all specialties.

This Hospital covers over 2 lakh 98 thousand sq. Ft. Area and stands 12 floors tall.

The team at Max Super Specialty Hospital, Shalimar Bagh, consists of the best medical practitioners, medical assistants and well-trained staff.

The hospital uses state-of–the-art & cutting-edge technology and provides various medical services which include:

- Dental Care, Neurosciences, Obstetrics & Gynecology, Pediatric, Medical & Surgical Gastroenterology, Pulmonology, Urology & Physiotherapy.
- It has a special Headache Clinic to cater to patients with severe headaches.
- Max Super Specialty Hospital, Shalimar Bagh, also specializes in Cardiac Sciences, Neuro-Sciences, Minimal Access Metabolic & Bariatric Surgery, Trauma & Critical Care and Orthopedics & Joint Replacement.

The Hospital strives to deliver world-class healthcare and is committed to providing the highest standards of medical & service excellence, patient care, scientific knowledge & medical education.

This unit of Max Healthcare uses the latest technology and equipment some of which include FFA, CRRT and Mammography.

Max Super Specialty Hospital, Shalimar Bagh, is NABH accredited, which is recognition of the hospital's commitment to provide care and treatment of the highest quality to its patients.

ABOUT THE STUDY

An assessment of Compliance of handover communication among Doctors and Nurses in ICU and Wards of a Hospital

Introduction

Communication of information between healthcare providers is a fundamental component of patient care. The information shared between providers who are changing shift, referred to as "**Handover".** It is also referred to as **"Handoff"** communication. The primary objective of the handover is to provide complete and accurate information about the patient clinical status, including current condition and recent anticipated treatment. A handover is a written communication, which provides information to facilitate continuity of care. Doctors and Nurses are the responsible people for handovers. Additional Characteristics of a high Quality handover includes -

- Handover are interactive communication allowing the opportunity for questioning between the giver and receiver of the patient information.
- Handover includes up-to-date information regarding the patient's care, treatment and services, condition and any recent or anticipated changes.
- Interruptions during handover are limited to minimize the possibility that information would fail to be conveyed or would be forgotten.
- Handover require a process for verification of the received information, including read back ,as appropriate.

Improve Effective Communication is the IPSG 2 (International Patient Safety Goal)

Effective communication, which is timely, complete, unambiguous, and understood by the recipient, reduces errors and results in improved Patient safety. The compliance level of Handover Communication was found to be low in the Hospital. In Doctors handover different formats are followed in different ICU and the formats were not been filled by the doctors regularly which may

result in the loss of information due which may directly affect the patient safety in the continuity of care. In Nursing handover SBAR (Situation, Background, Assessment, Recommendation) format is followed by nursing staff which is to be put in the CPRS(Computerized Patient Record System) every time at the time of handover but this was not found to be done appropriately by the nursing staff which may again effect the patient safety.

Review of Literature

Handover communication is an important component of patient satisfaction, and it saves many lives too. Studies have been shown that if handover communications are proper in a hospital setting during duty hours, it helps to transmit the information to the next level of health care service provider. In this regards, studies shown that the results are not generalised for all doctors, nor even doctors form the NHS trust (Adrian et al., 2009).

Clinical handover is a necessary process for the continuation of safe patient care; however,deficiencies in the handover process can introduce error .To improve the morning handover round on a busy critical care unit and assess sustainability of improvement through repeated audit . Quality improvement process based on prospective observational assessment of the doctor's shift-change handover was carried out, assessing the content of clinical information. The effect of a training session for the junior doctors with the introduction of a standardised handover protocol was assessed.(M N Lyons)

For maintaining the continuity of care and improving the quality of care, effective inter-shift information communication is necessary. Any handover error can endanger patient safety. Despite the importance of shift handover, there is no standard handover protocol in our healthcare settings. using a standard handover protocol for communicating patient's needs and information improves nurses' safe practice in the area of basic nursing care.(Javad Malekzadeh).

In the Czech republic Handover emerged as a complex process negatively influenced by the work environment and social relationships. Nursing handover emerged as being conducted in a more standardized manner than handover between doctors; however, standardization did not enhance the quality of information conveyed. Improvements in handover practices require organizational changes such as a reduction in workload and training for staff in conducting handover.(Katarzyna Machaczek, Malcolm Whietfield, Karen Kilner , Peter Allmark)

Scope of the study:

Studies revealed that in lack of proper policy, the service providers are not communication properly with their colleagues during the duty hours or during shifting of duty hours. The current study would helpful to develop a standardize format for Handover Communication for Doctors in general. Whereas, it will also help the global audience to identify gaps in the hospital area about managing compliance level of Doctors and Nursing on Handover communication. Moreover, the study will be helpful to the health care industries in improving quality services to the patients.

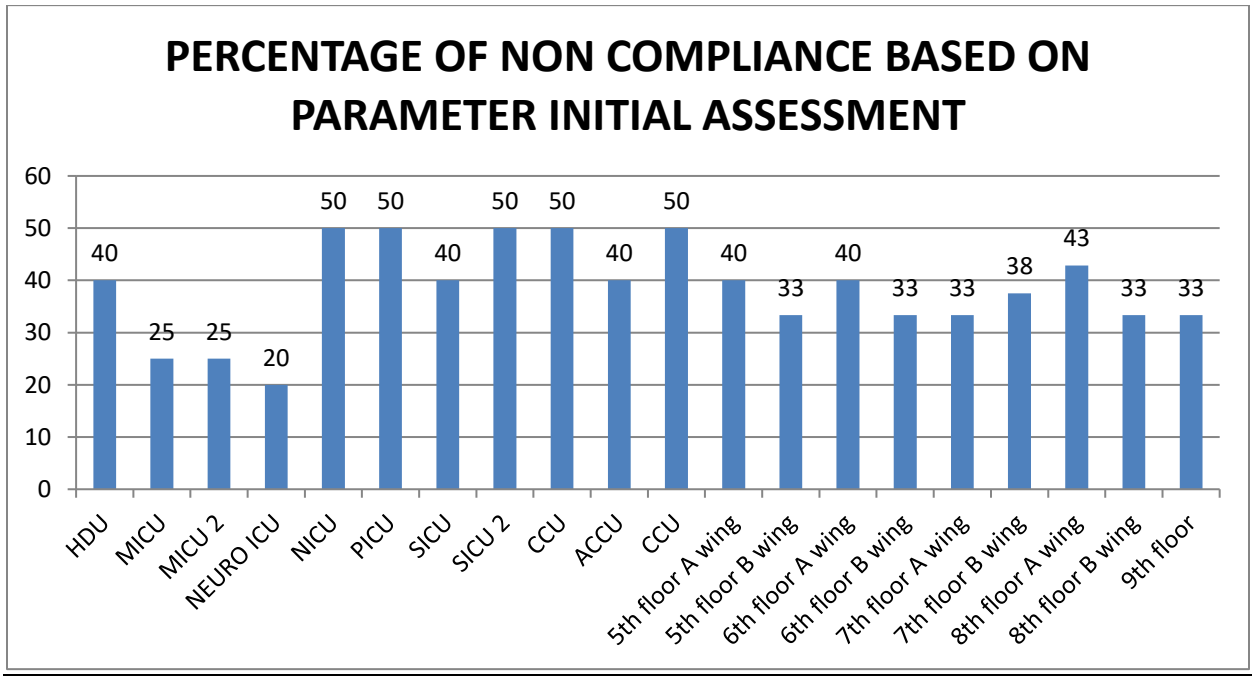

Figure 1:

It could be seen from the graph that in all sub-components under outcome, respondents from accredited hospitals has given compliance of doctors based on Parameter 1 (Initial Assessment) 40%in ICU and 37% in Wards. The variation was seen among ICU and Wards.

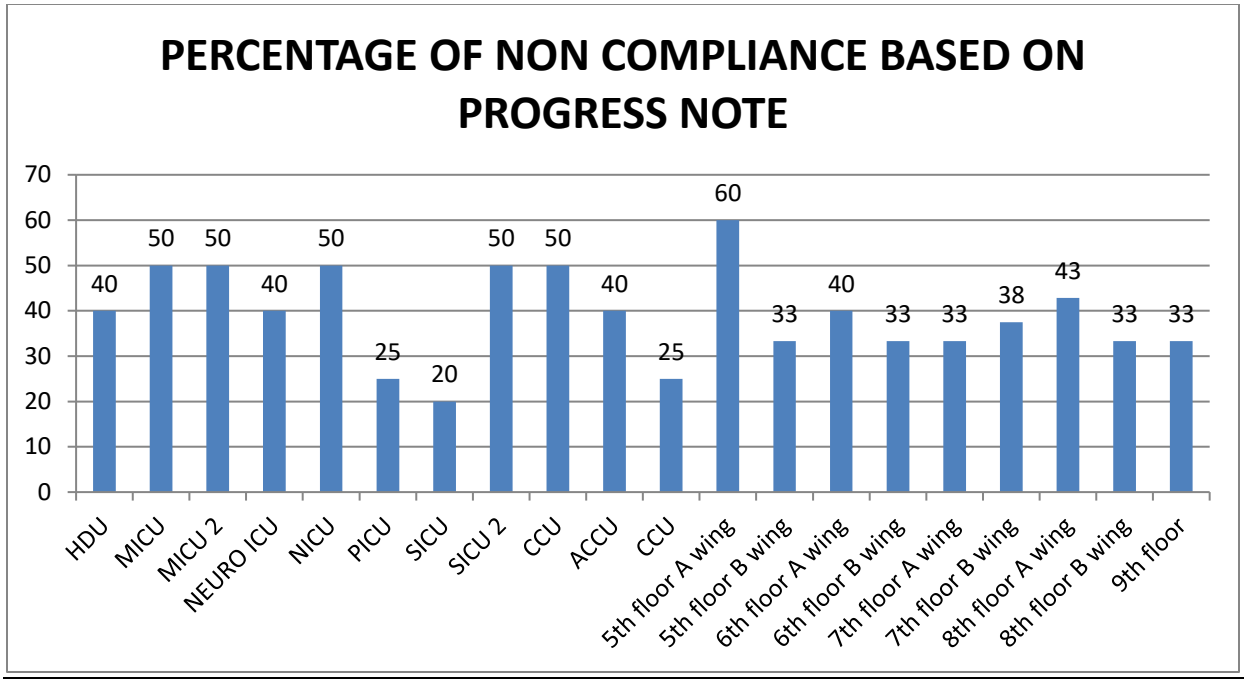

Figure 2 :

It could be seen from the graph that in all sub-components under outcome, from accredited hospitals has given compliance of doctors based on Parameter 2 (Progress Note) 40%in ICU and 39% in Wards. The variation was seen among ICU and Wards.

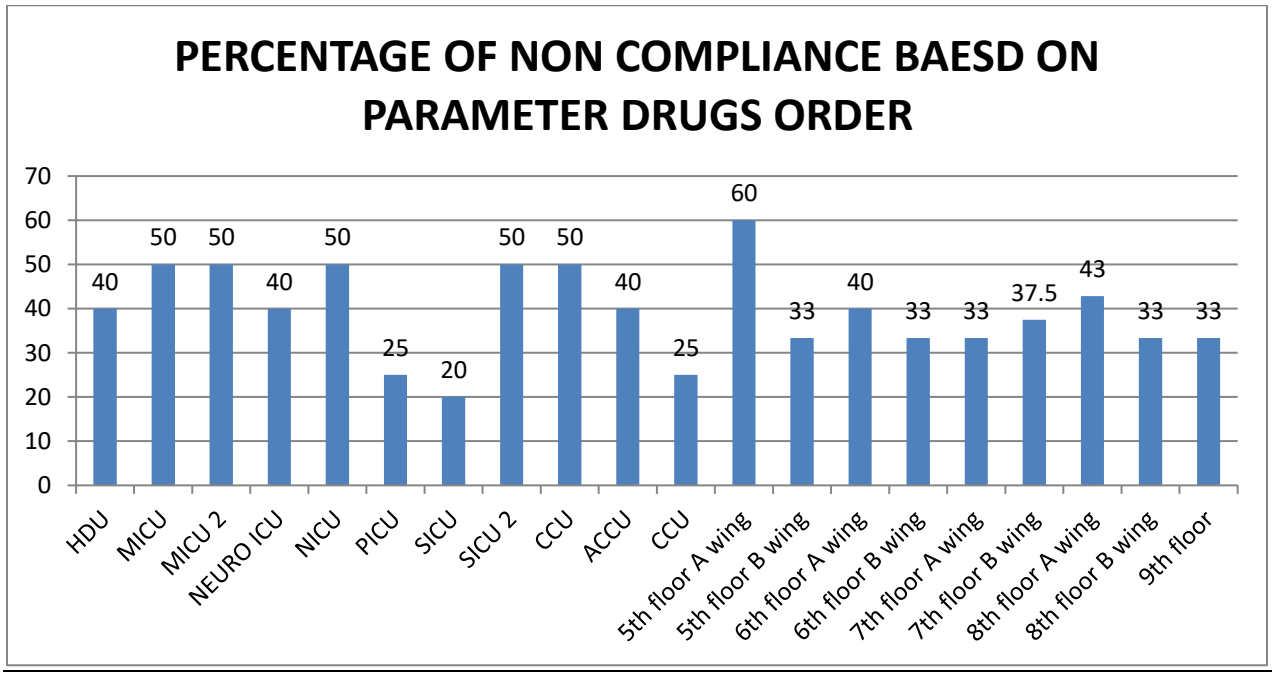

Figure 3 : It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of doctors based on Parameter 3 (Drugs order) 40%in ICU and 31% in Wards. The variation was seen among ICU and Wards.

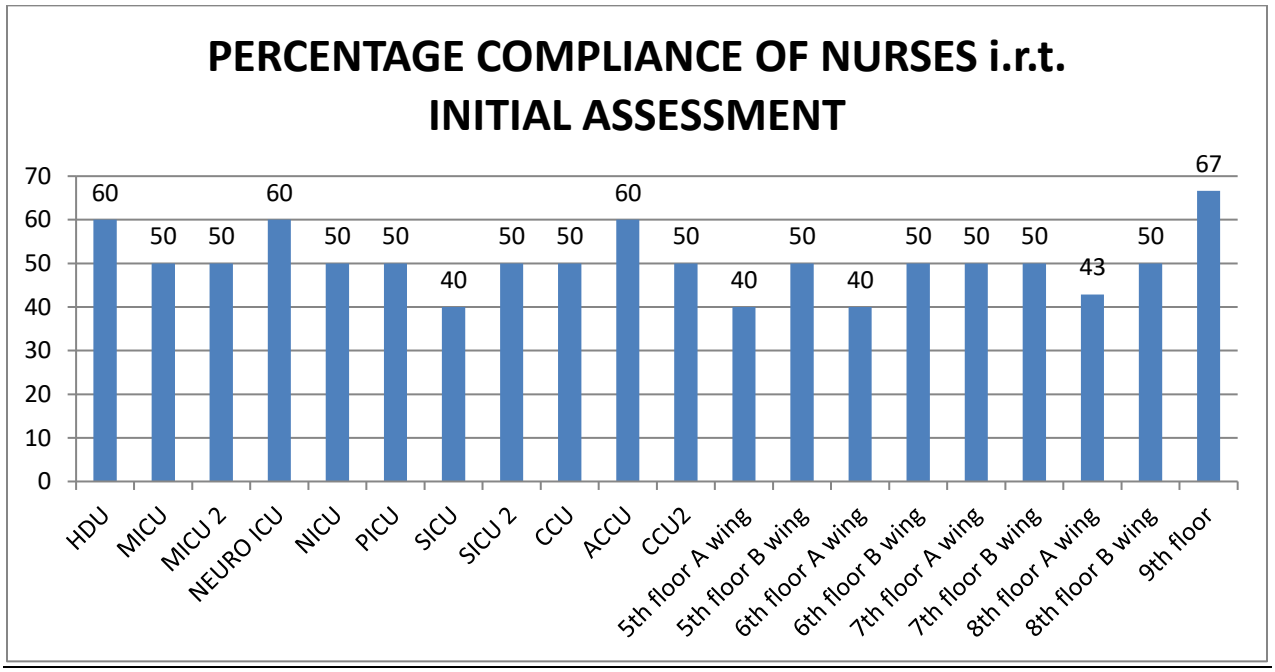

Figure 4:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 1 (Initial Assessment) 40%in ICU and 37% in Wards. The variation was seen among ICU and Wards.

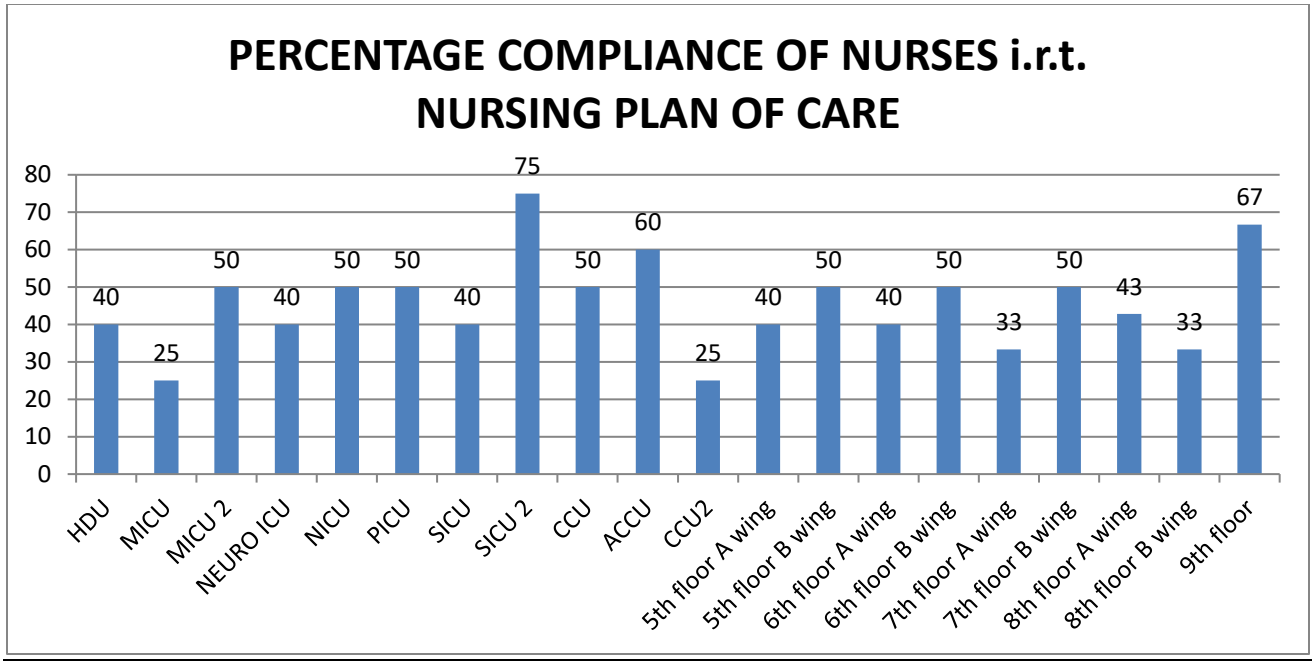

Figure 5:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 2(Nursing Plan of Care) 52%in ICU and 48% in Wards. The variation was seen among ICU and Wards.

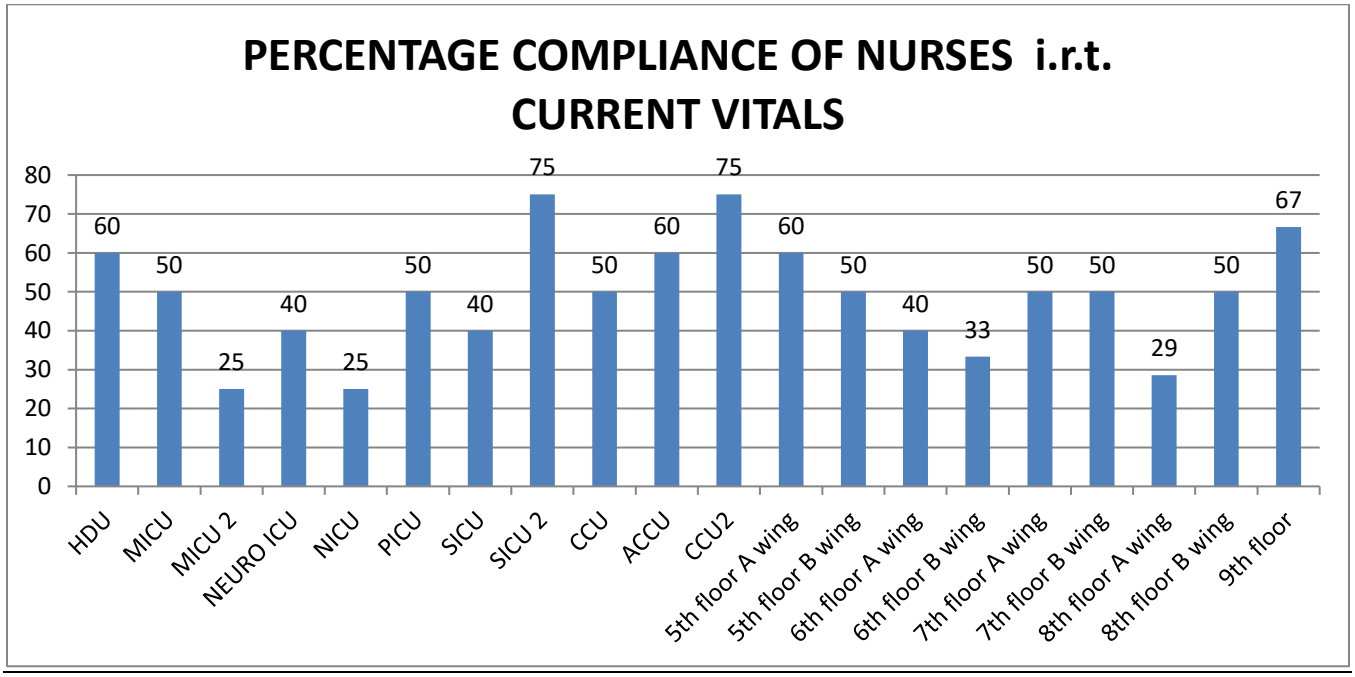

Figure 6 :

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 3 (Current Vitals) 46%in ICU and 45% in Wards. The variation was seen among ICU and Wards

INTERVENTIONS:

- Small training session were taken so as to improve the compliance of effective handover communication amongst the Doctors and sisters of the Max Super Specialty Hospital , New Delhi.
- Regular internal audits were done on weekdays.

RESEARCH QUESTION:

1. What is the compliance of handover communication among doctors and nurses in ICU and wards of max hospital Shalimar Bhag in relation to three parameters of handover communication
2. What are possible reasons of ineffective communication

Key objective

- Assess the Compliance of handover communication among Doctors and Nurses in ICU and Wards of the Max Super Specialty Hospital, Shalimar Bagh, New Delhi.

SPECIFIC OBJECTIVES

For meeting the above key objective, further specific objectives were set as follows:

- To identify and understand the gaps in the study area(ICU/ Wards) by assessing the compliance level of Doctors and Nursing about Handover communication

- To understand how the communication procedures among the service providers helps to reduce the morbidity and mortality, and average length of stay in the hospital

OPERATIONAL DEFINATION:

- Handover : The transfer of professional responsibility and accountability for all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.
- Initial Assessment: It is a comprehensive assessment including Patient History , General Appearance , Physical Examination and Vital Signs.
- Progress Note: It is a detail record of a patient's clinical status or achievements' during the course of a hospitalization. It allow clinicians to compare the past status to current status serve to communicate finding ,opinions and plans between physicians and other member of medical care team.
- Drug orders: A drug order for medication which is dispensed to or for a patient and the order is issued and signed by doctors .
- Nursing plan of care : It means communicating and organizing the actions of a constantly changing nursing staff . It provide direction for a individual patient and assigned staff nurses with the patients .
- Current vitals : It helps nurses and give confident about their abilities to identify patients at risk of deterioration using combination of vital signs and visual assessment .

METHODOLOGY:

STUDY AREA

The current Study was conducted in the ICU and Wards of the **MAX Super Specialty Hospital, Shalimar Bagh**, New Delhi. The selection of the hospital was made on request of the hospital authority as number of average length of stay was found to be more in last few years.

STUDY PERIOD

The Study was completed in a time period of 2 months i.e., from 2nd Feb. to 2018 to 4th may, 2018.

STUDY DESIGN

The Study is Operational research (Analytical study) in nature. A comparison was made on basis of certain parameters different for doctors and nurses.

STUDY POPULATION

The healthcare provider (Doctors and Nurses) of the MAX Super Specialty Hospital, Shalimar Bagh, New Delhi were selected for the study. These respondent were contacted at different times to improve the quality of data and keeping confidentiality of the information

SAMPLING TECHNIQUE

Non-probability sampling techniques were used in the study. Among theses, to address the objective, convenient sampling method was administered with the service provider of the hospital.

SAMPLE SIZE

100 Nurses and 100 Doctors were considered to be a part of study.

LIMITION OF STUDY

It is limited to only one hospital, so it cannot be generalized.

DATA COLLECTION METHODS

Primary Data

- **Checklist**
- **Review of handover registers.**
- **Conversation with Hospital staff**
- **Direct observation**

Secondary Data

- **Articles and journals relevant for the study in focus .**

GRAPHS SHOWING OVERALL COMPLIANCE

PERCENTAGE OF OVERALL COMPLIANCE OF DOCTORS i.r.t. INITIAL ASSESSMENT

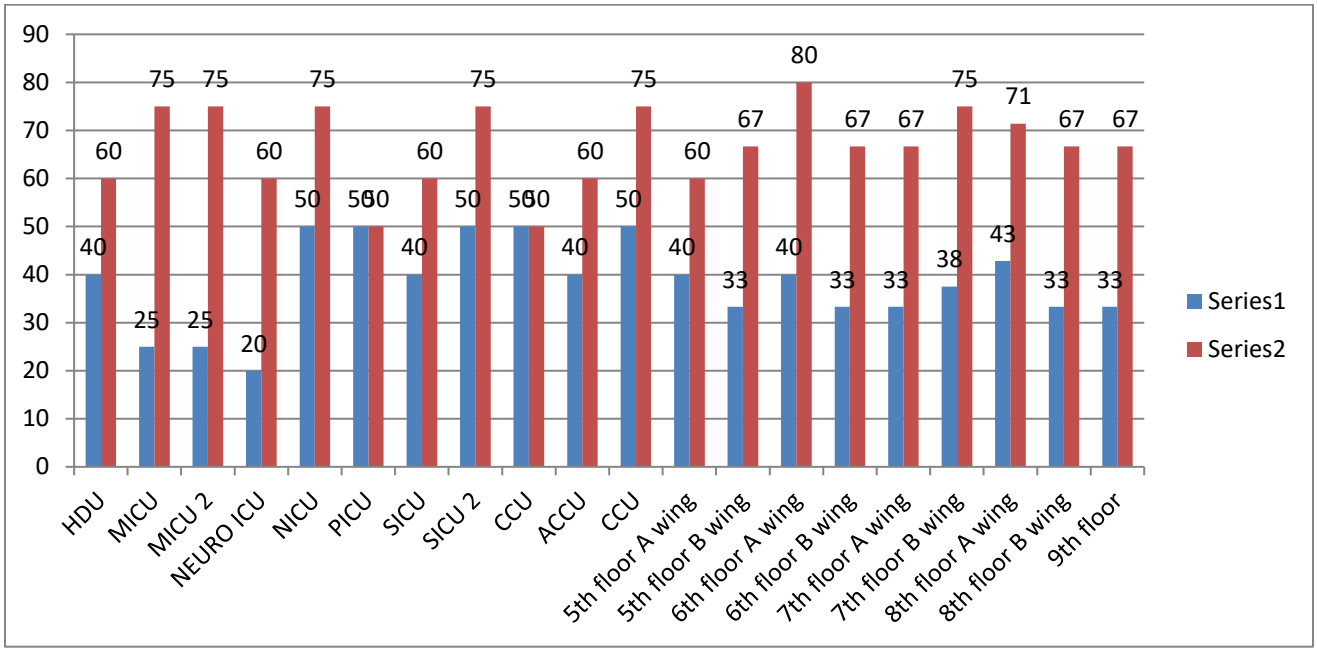

Figure 7:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 1 (Initial Assessment) 40%in ICU and 37% in Wards. The variation was seen among ICU and Wards. Blue is showing previous records results and Red is showing current records results

PERCENTAGE OF OVERALL COMPLIANCE OF DOCTORS i.r.t. PROGRESS NOTES

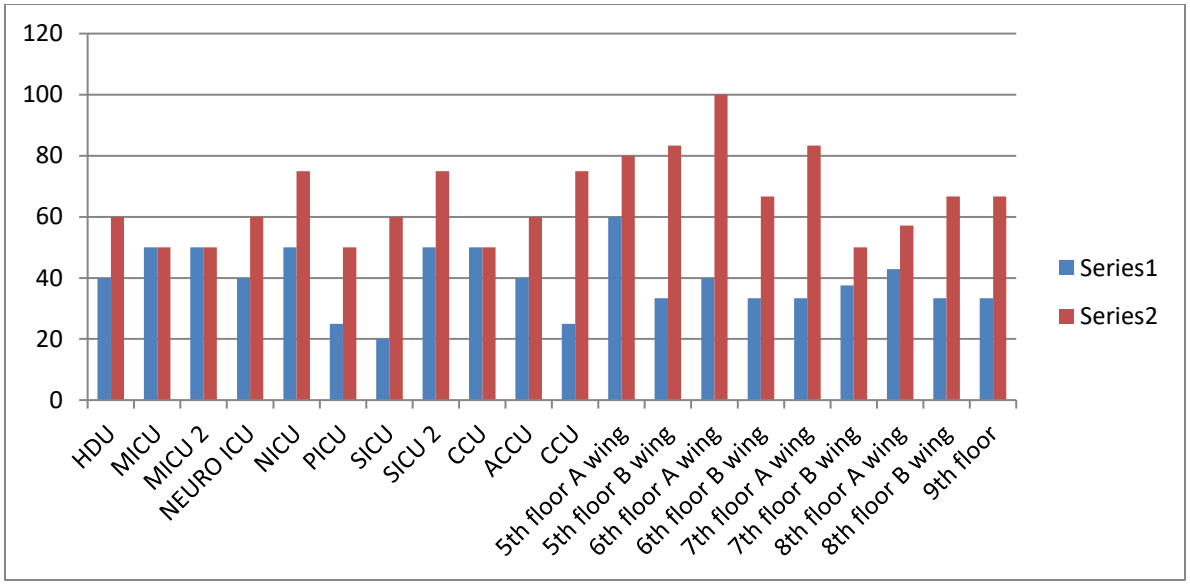

Figure 8:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 2(Progress Note) 61%in ICU and 71% in Wards. The variation was seen among ICU and Wards. Blue is showing previous records results and Red is showing current records results

PERCENTAGE OF OVERALL COMPLIANCE OF DOCTORS i.r.t. DRUG ORDER

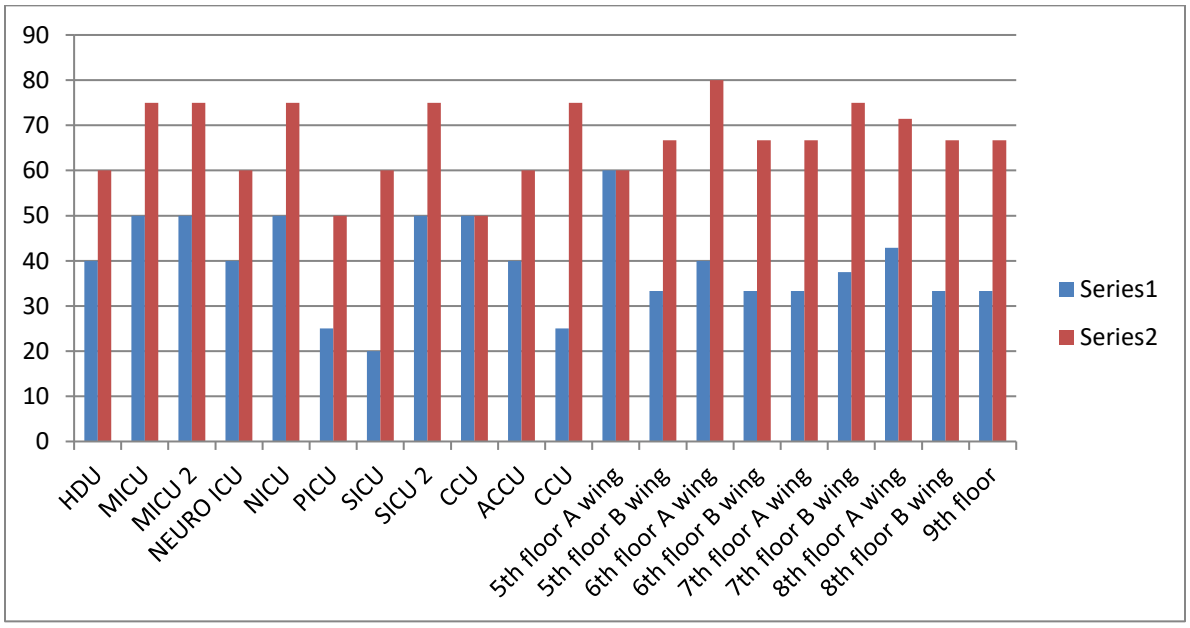

FIGURE 9:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 3 (Drugs Order) 68%in ICU and 69% in Wards. The variation was seen among ICU and Wards. Blue is showing previous records results and Red is showing current records results

PERCENTAGE COMPLIANCE OF NURSES i.r.t. INITIAL ASESSMENT

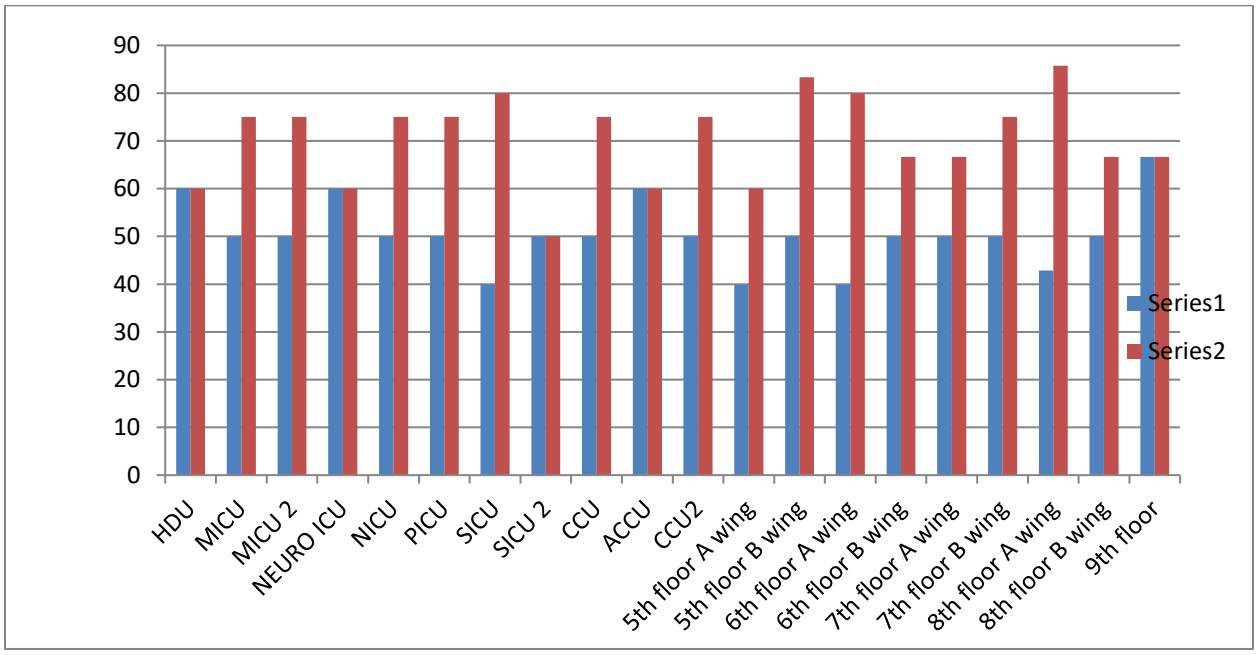

Figure 10:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 1 (Initial Assessment) 68%in ICU and 69% in Wards. The variation was seen among ICU and Wards. Blue is showing previous records results and Red is showing current records results

PERCENTAGE OVERALL COMPLIANCE OF NURSING PLAN OF CARE

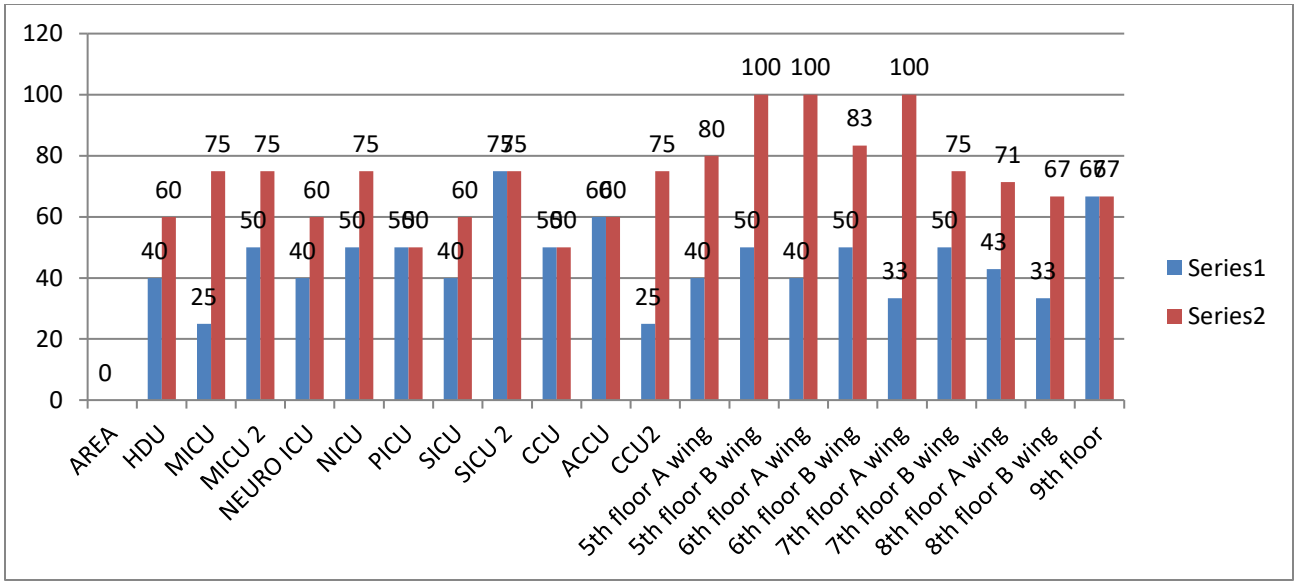

Figure 11:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 2 (Nursing Plan of Care) 65%in ICU and 83% in Wards. The variation was seen among ICU and Wards. Blue is showing previous records results and Red is showing current records results

PERCENTAGE COMPLIANCE OF NURSES i.r.t. CURRENT VITALS

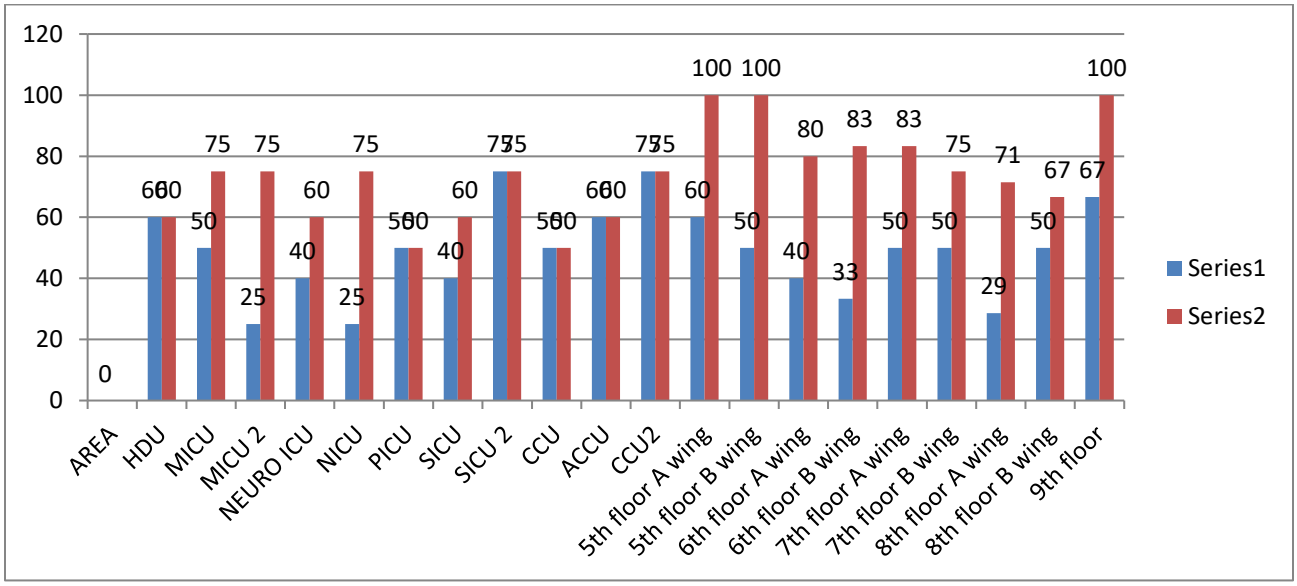

Figure 12:

It could be seen from the graph that in all sub-components under outcome from accredited hospitals has given compliance of Nurses based on Parameter 3 (Current Vitals) 65%in ICU and 83% in Wards. The variation was seen among ICU and Wards. Blue is showing previous records results and Red is showing current records results

STUDY VARIABLES

SPECIFIC OBJECTIVES	VARIABLES	STUDY POPULATION	TOOLS	TECHNIQUES
To assess the compliance of handover appropriately done among Doctors	• Initial assessment l(YES/NO) • Progress note (YES/NO) • Drug order (YES/NO)	ICU and Wards duty doctors	• Checklist • Records	• Observation • Records review
To check the compliance of handover appropriately done among Nurses	• Initial assessment • Nursing plan of care • Current vitals	ICU AND WARDS Nursing staff	• Checklist • Records	• Observation • Records review

POSSIBLE REASONS FOR NON COMPLIANCE:-

- Failure in communication occur(due to the increase workload they are not able to give proper handover to other doctors).
- Nurse to patient ratio.
- Lack of protocols.
- Doctors have to rush to the emergency as per requirement.

CONSEQUENCES FOR NON COMPLIANCE INCLUDES :-

- Involvement of multiple specialist teams
- The difficulty by professionals to update their diagnosis .

- Patient dissatisfaction
- The lack of policies and failure in the implementation of policies.
- Medication errors
- Delay in treatment

DISCUSSION

1. With all the records reviewed we can conclude that there is adherence to the for handover communication is seen in all ICU and Wards of the hospital . Which can however be further enhanced with the formulations of norms and protocol .
2. It is necessary that hospital managers and doctors and nurses become involved in initiatives aimed to the application of guidelines.
3. Doctors and nurses with effective coordination and contribution can improve the scenario.

SUGGESTION

- Place handover communication policy as part of there key responsibilities area even for those which were not considered the part of the study .
- Need of the policy is both for the improvement in quality as well as the cost containment of the hospital expenses that may arises unnecessary .
- Timely internal audits in order to monitor the adherence to the guidelines should also be done and monthly reports should be generated .
- Interdisciplinary education and discussion sessions for enhancing the awareness.
- Nursing staff should be educated about the same.
- Identification of maximum non compliance were consider and continuous reminder should be given .

CONCLUSION

- The study conducted shows that improvement in compliance in regard to the parameters in focus of the study for both the doctors and nurses.
- However further interventions can be made which can enhance the compliance further and hence can improve the quality of care.
- Strict monitoring of the interventions as well can enhance the functioning further.

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ANNEXURES

Annexure 1

Nursing Handover Audit Checklist							
S.No	SSN	Location	Situation	Background	Assessment	Recommendation	Appropriate/Not
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

Annexure 2

Doctors Handover Audit Checklist							
S.No	SSN	Location	Patient Detail/Label	Diagnosis	Condition	Plan/Remarks	Appropriate/Not
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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