COMPLIANCE OF HANDOVER COMMUNICATION AMONG DOCTORS AND NURSES IN ICU AND WARDS IN SHALIMAR BHAG MAX SUPER SPECIALITY HOSPITAL NEW DELHI .

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INTRODUCTION

- Max Super Specialty Hospital, Shalimar Bagh, is one of the leading hospitals with a capacity of 250 Beds.
- Effective communication has become more important as healthcare has become more complex , highly specialized and team based.
- The process of passing correct patient specific information from one caregiver to another ensures patient care continuity and safety as well the quality of care provided .
- If not done at right time and the right manner can hinder the process and thus harm to the patient in some cases.

BACKGROUND

- Compliance in regard to handover communication is an important aspect of the quality care services provided by the hospital.
- Prior to the study conducted internal audits have been done in regards to various parameters of the compliance of handover communication.
- After analyzing the results certain changes were suggested for the better compliance of the doctors and nurses in regards to certain parameters.
- Parameters of doctors includes:- initial assessment , progress note , drugs order .
- Parameters of nurses includes:- initial assessment , nursing plan of care , current vitals.
- In order to monitor the compliance after the interventions were made the study in concern was suggested.

COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO INITIAL ASSESSMENT DONE BY DOCTORS

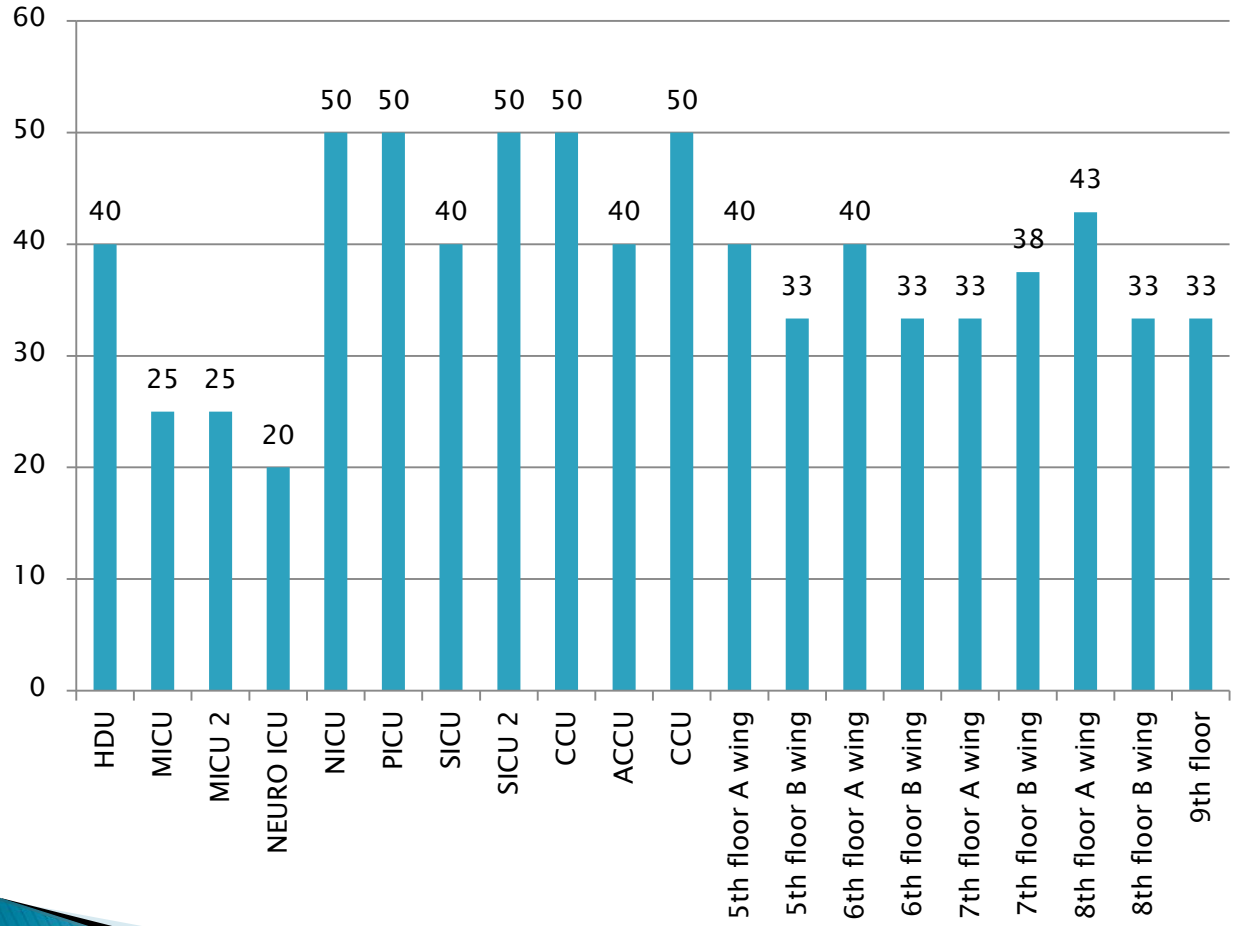

FIGURE 1:-
Inference:- Based on parameter 1 of doctors i.e (initial assessment)
graph showing compliance From all record reviewed approximately 40% in ICU and 37% compliance in wards .

COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO PROGRESS NOTE DONE BY DOCTORS

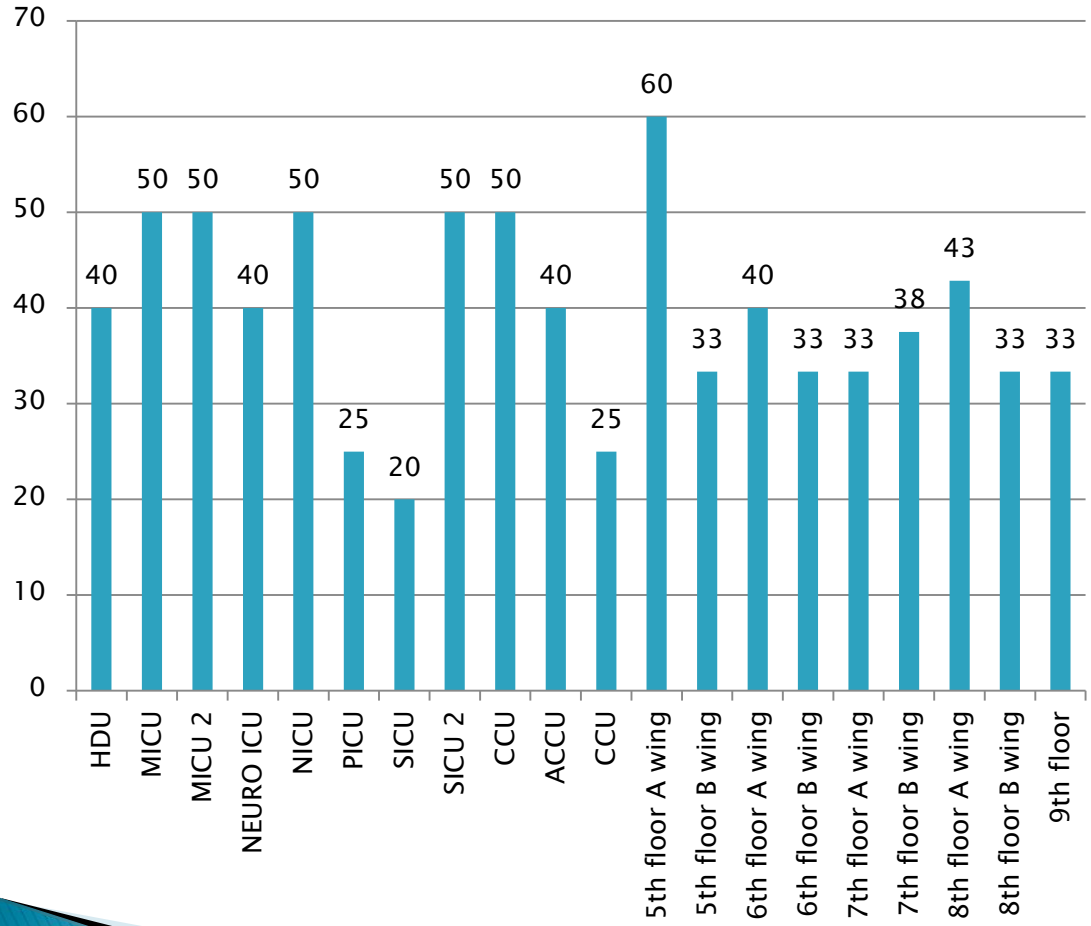

Figure :2
Inference :
Based on parameter 2 of doctors i.e (progress note) graph showing overall compliance from all record reviewed approximately 40% in ICU and 39% compliance in wards .

COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO DRUG ORDER GIVEN BY DOCTORS

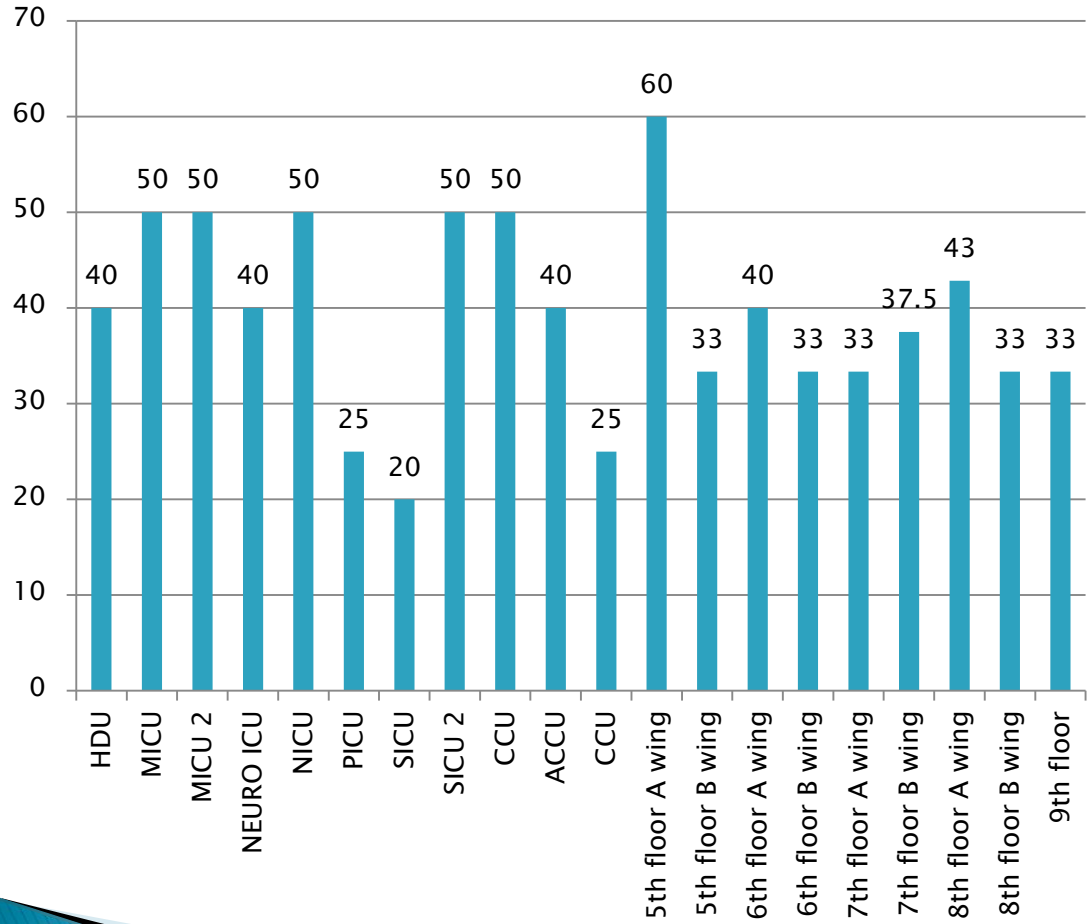

Figure :3
Inference :
Based on parameter 3 of doctors i.e. (Drugs order)graph showing overall compliance from all record reviewed approximately 40% in ICU and 31% compliance in wards.

COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO INITIAL ASSESSMENT DONE BY NURSES

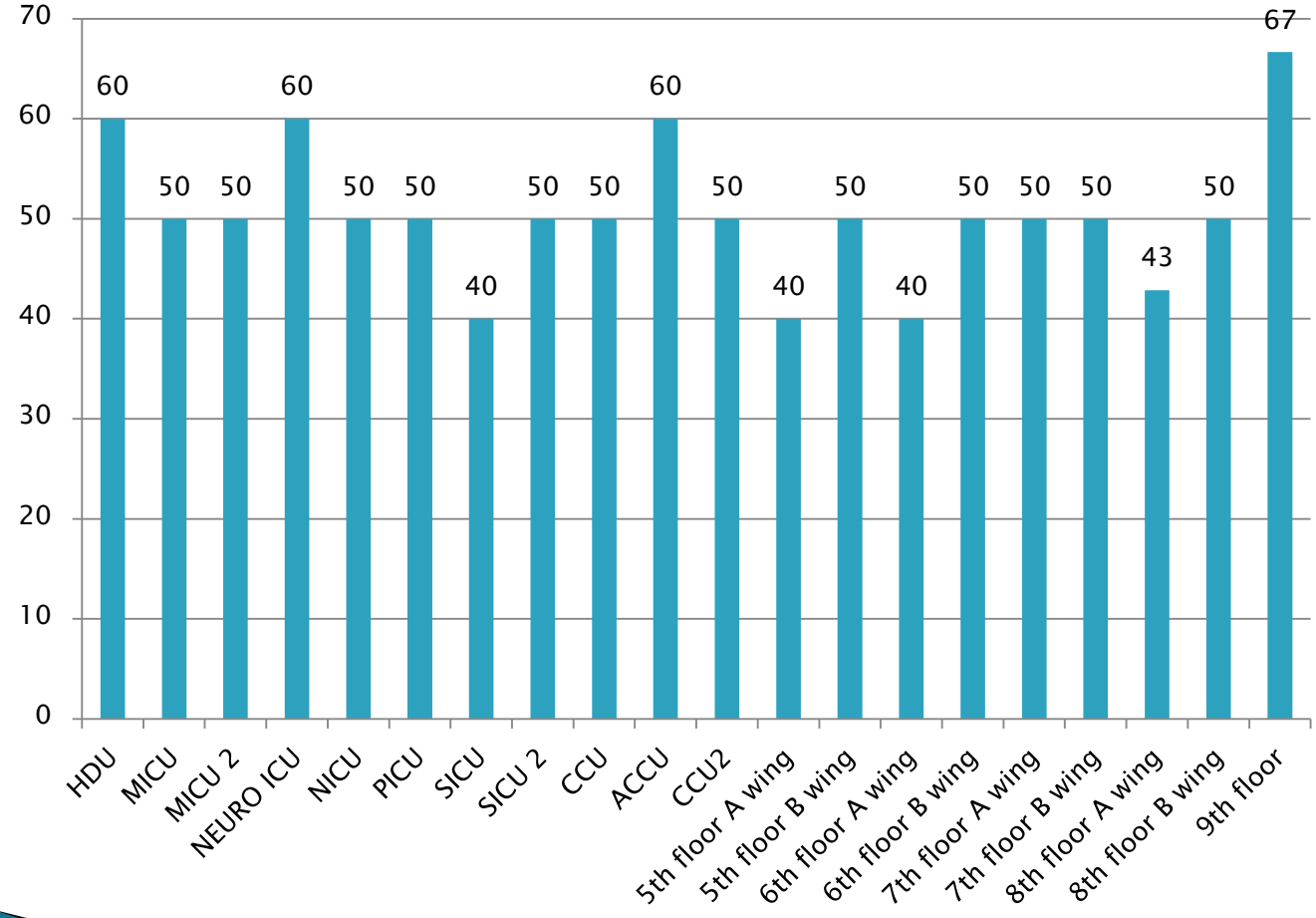

Figure :4 Inference : Based on parameter 1 of nurses i.e. (initial assessment) graph showing overall compliance from all record reviewed approximatel y 52% in ICU and 48% in wards.

COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO NURSING PLAN OF CARE DONE BY NURSES

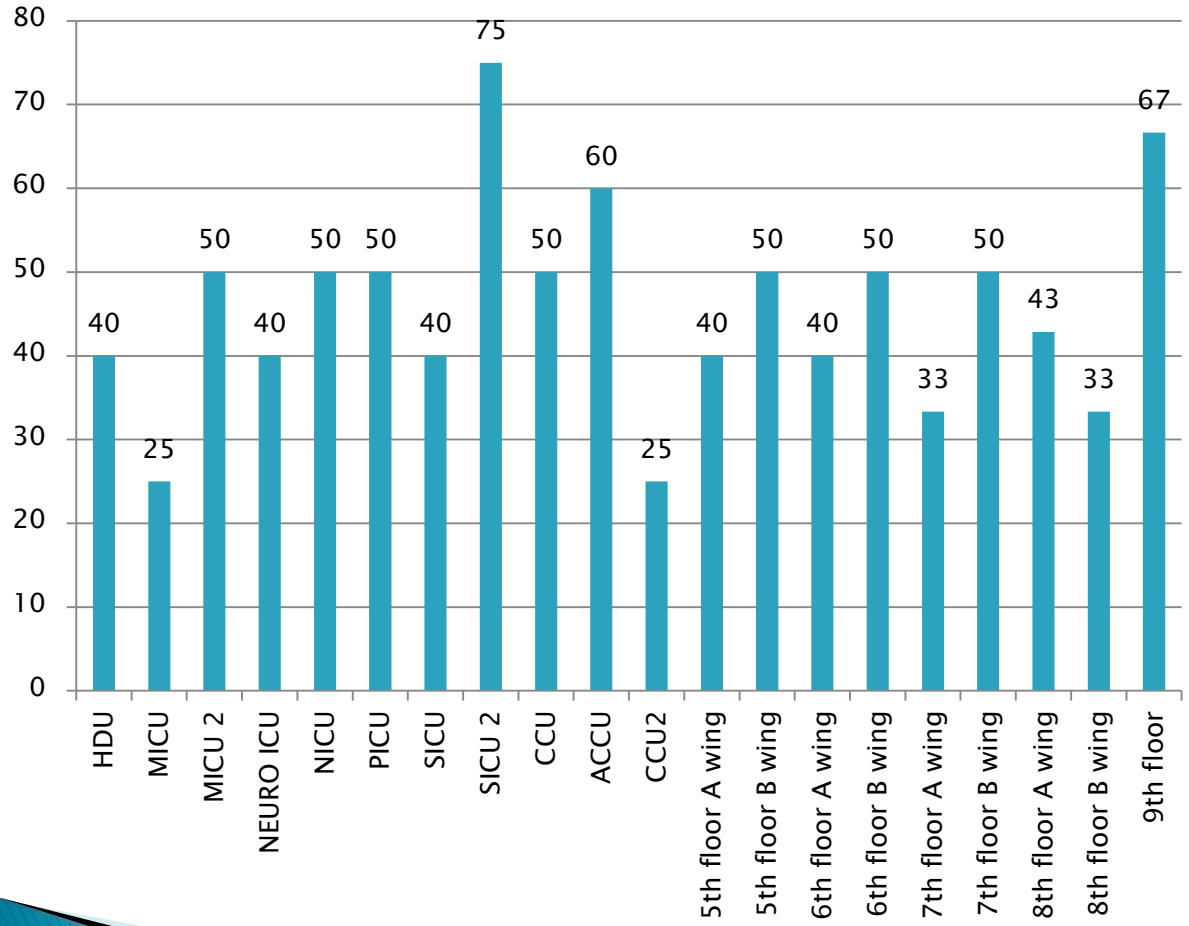

Figure :5 Inference: Based on parameter 2 of nurses i.e. (nursing plan of care)graph showing overall compliance from all record reviewed approximatel y 46% in ICU and 45% in wards.

COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO CURRENT VITALS TAKEN BY NURSES

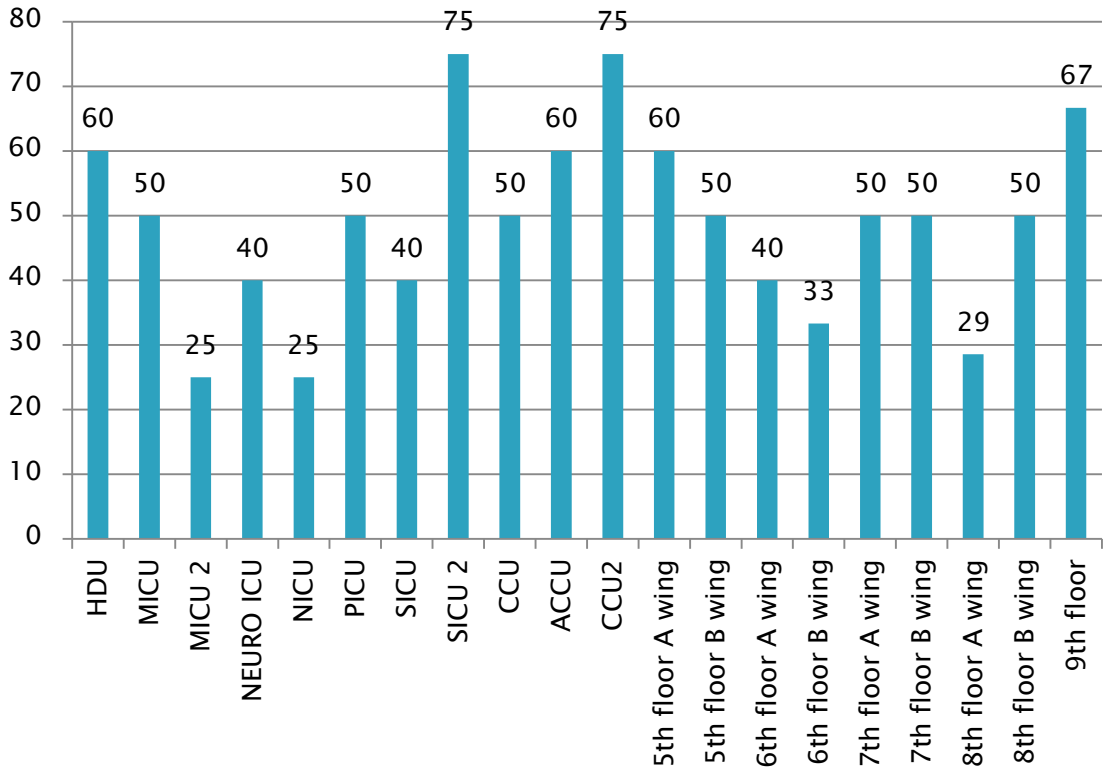

Figure :6
Inference :
Based on parameter 3 of nurses i.e.(current vitals) graph showing overall compliance from all record reviewed approximately 50% and 47% in ICU and Wards .

INTERVENTION

- 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 in the focus of the study.
2. What are possible reasons of ineffective communication .

Objective

- To assess the compliance of handover communication among the doctors and nurses in ICU and wards in Max Super Specialty Hospital, Shalimar Bagh in regard to the parameters in the focus of the study.
- To identify the reasons of non compliance for the parameters in focus for doctors and nurses.

OPERATIONAL DEFINITIONS

- 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 Vitals 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.

OPERATIONAL DEFINITION

- 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

- The study is Operational research study(Analytical study design).
- The study was conducted at ICU and Wards of max hospital , Shalimar bagh , New Delhi.
- The duration of the study was 2 months .
- The respondent were healthcare providers i.e. doctors and nurses of the hospital who are involved in the process were participants of the study.
- Only the parameters for which the intervention was done by the hospital for improvement in compliance were considered for assessing the compliance.

METHODOLOGY

SAMPLING TECHNIQUE

- Non-probability convenient sampling was used to calculate the exact sample size

SAMPLE SIZE

- 100 nurses 100 doctors were considered to be the part of the study.

DATA COLLECTION METHODS

Primary Data

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

Secondary Data

- Data were also collected from the hospital records to see the compliance before giving the trainings .

DATA COLLECTION TOOLS

- A checklist was prepared for the assessment of compliance in regards to the three variables in focus of the study .
- Doctors and nurses were observed for the handover communication activities.
- Conversation with doctors and nurses to identify the reasons for delay in handover communication.

OVERALL COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO INITIAL ASSESSMENT DONE BY DOCTORS

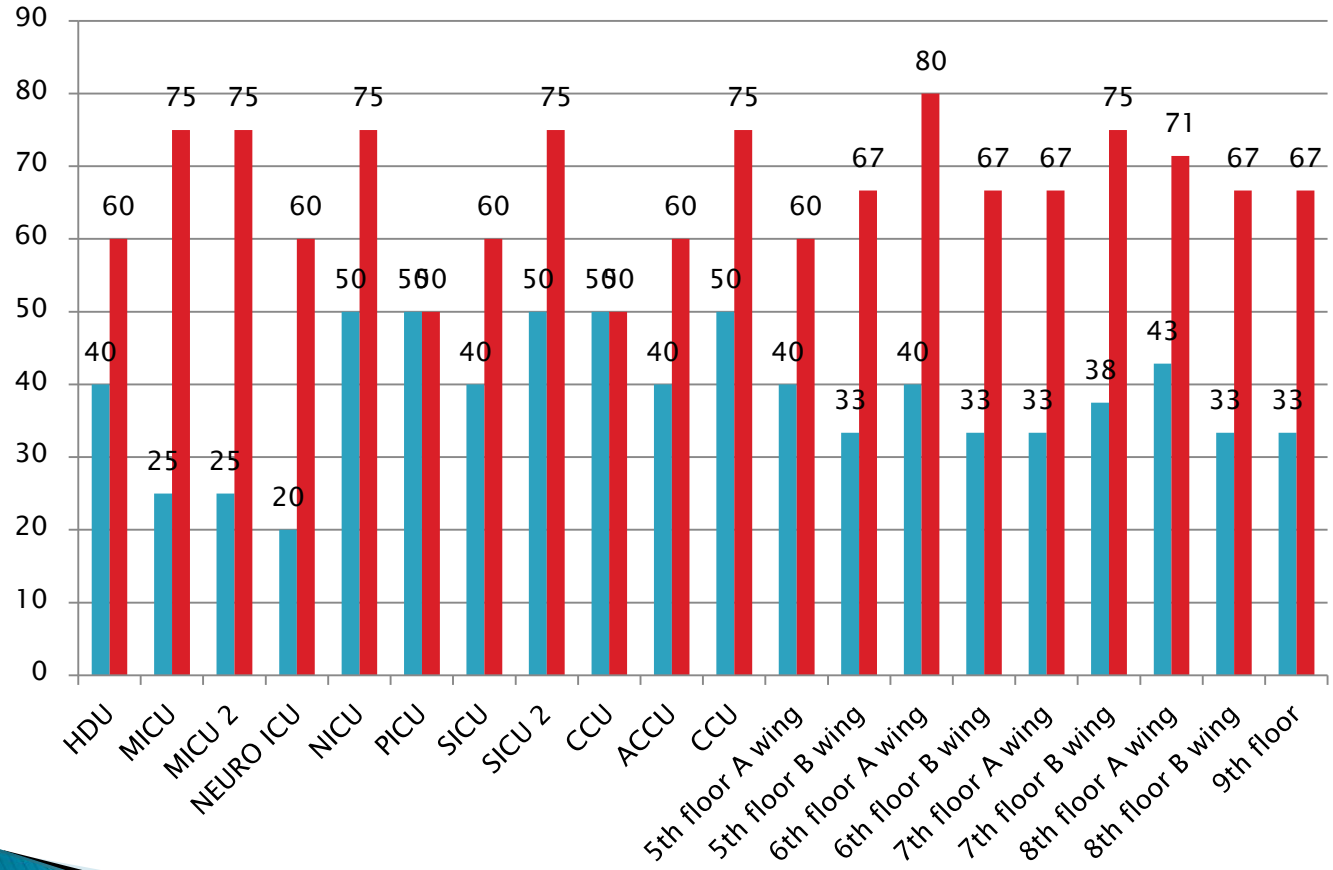

Figure :7 Inference : Graph showing overall compliance in regard to parameter of the study. 65% increased in ICU and 70% in Wards.

OVERALL COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO PROGRESS NOTE BY DOCTORS

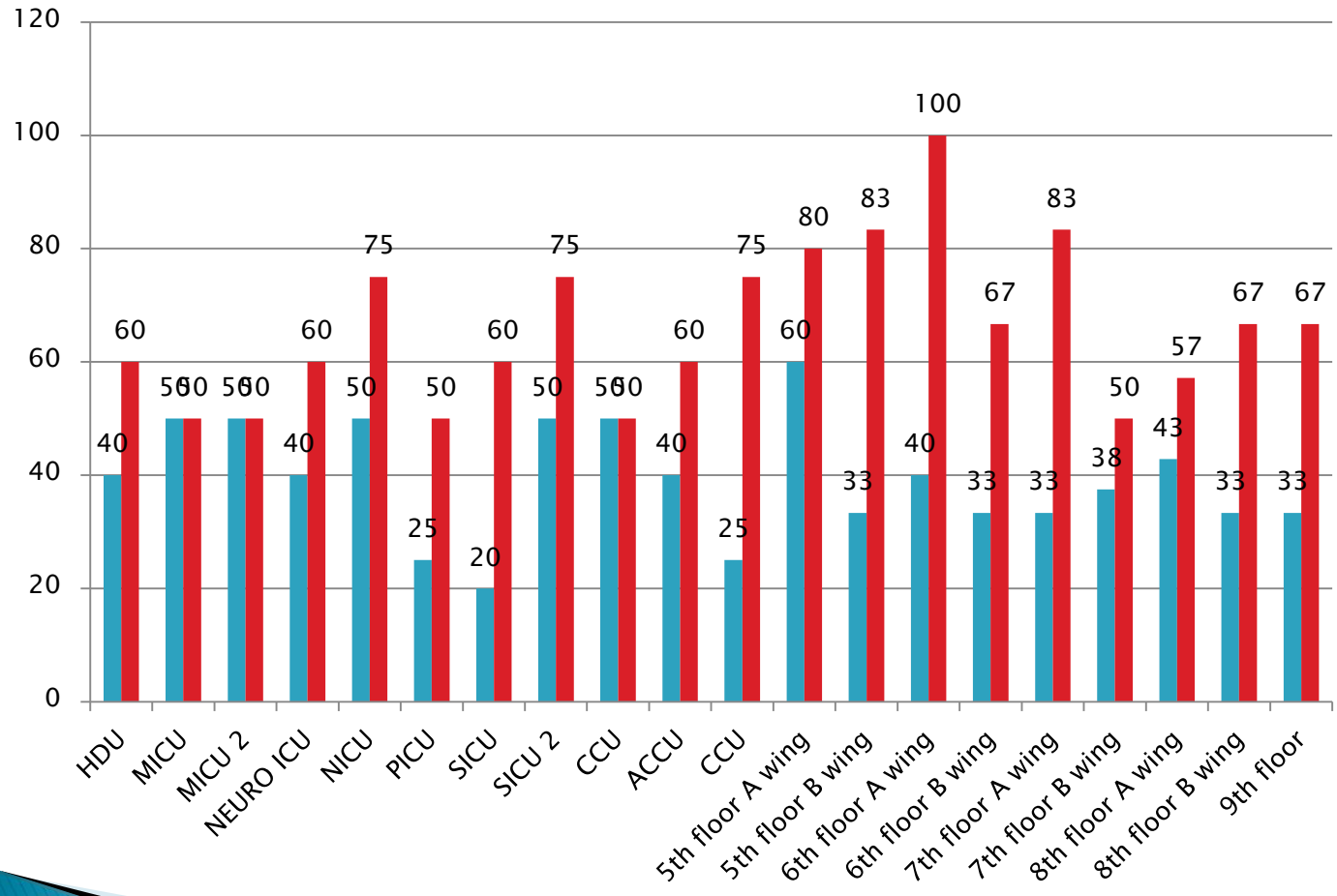

Figure :8 Inference : Graph showing overall compliance in regard to parameter of the study. approximately 61% increased in ICU and 71% in wards .

OVERALL COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO DRUGS ORDER PLACED BY DOCTORS

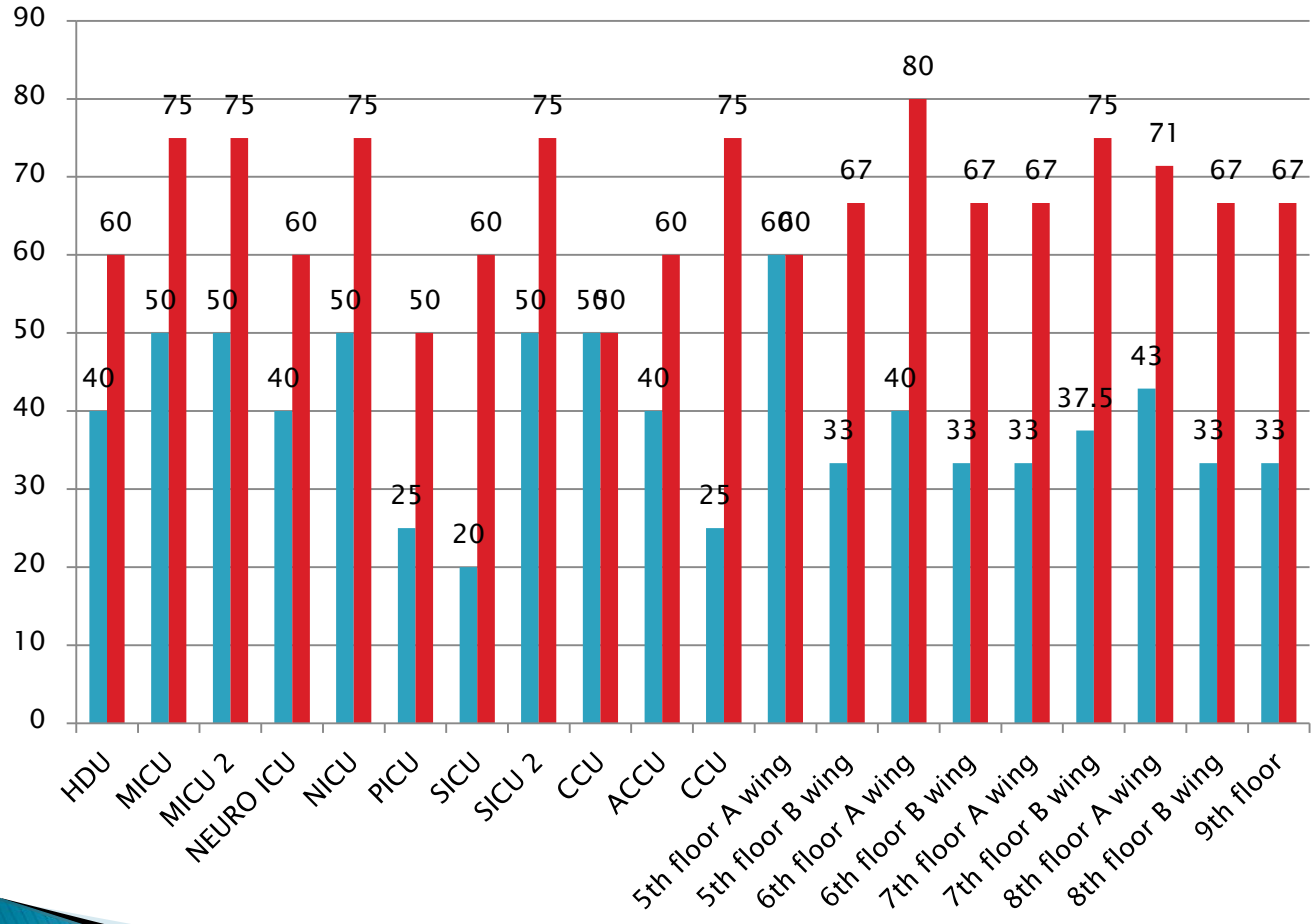

Figure :9 Inference : Graph showing overall compliance in regard to parameter of the study. 68% in ICU and 69% in Wards.

OVERALL COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO INITIAL ASSESSMENT DONE BY NURSES

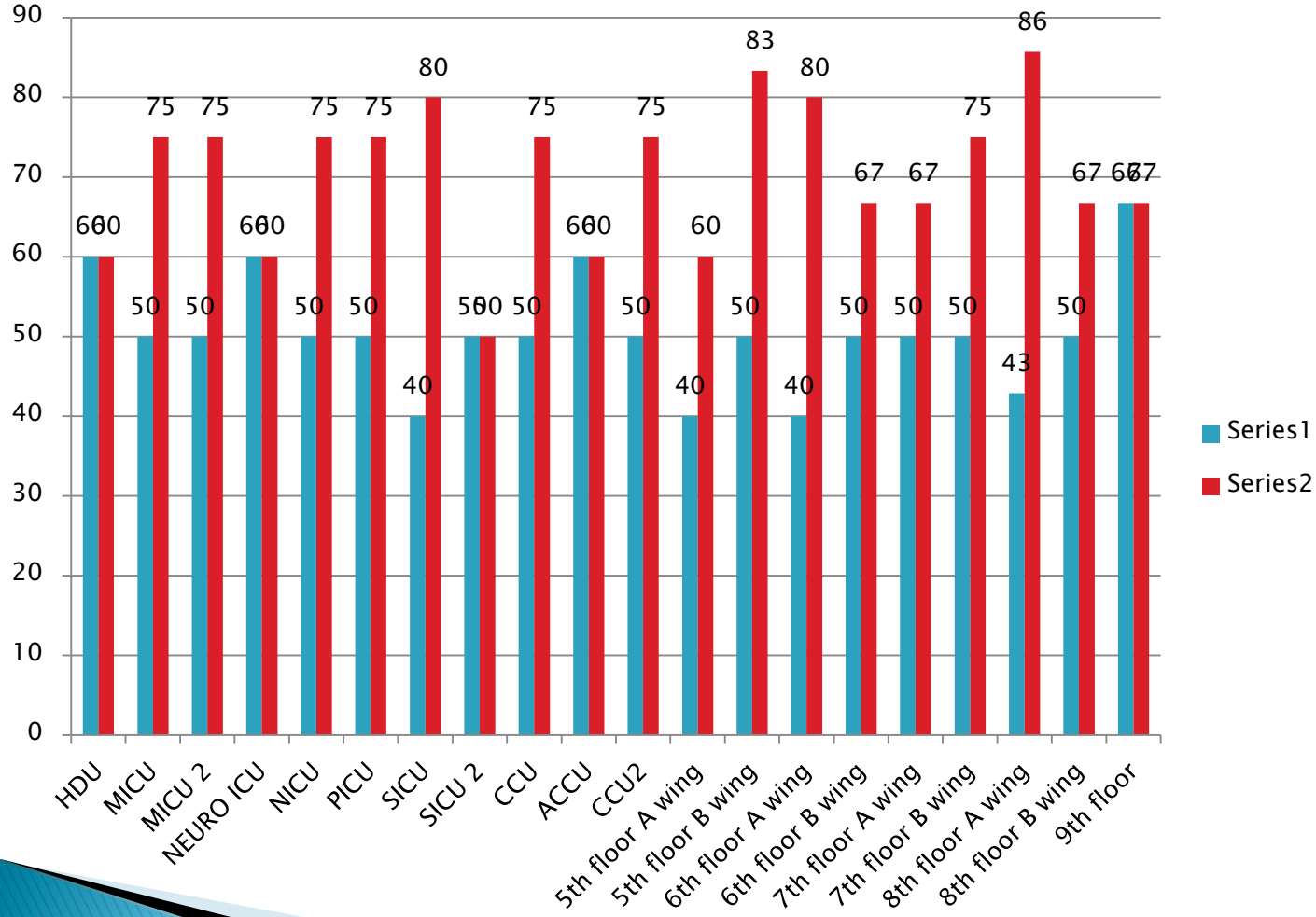

Figure :10 Inference : Graph showing overall compliance in regard to parameter of the study. 68% in ICU and 69% in Wards.

OVERALL COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO NURSING PLAN OF CARE DONE BY NURSES

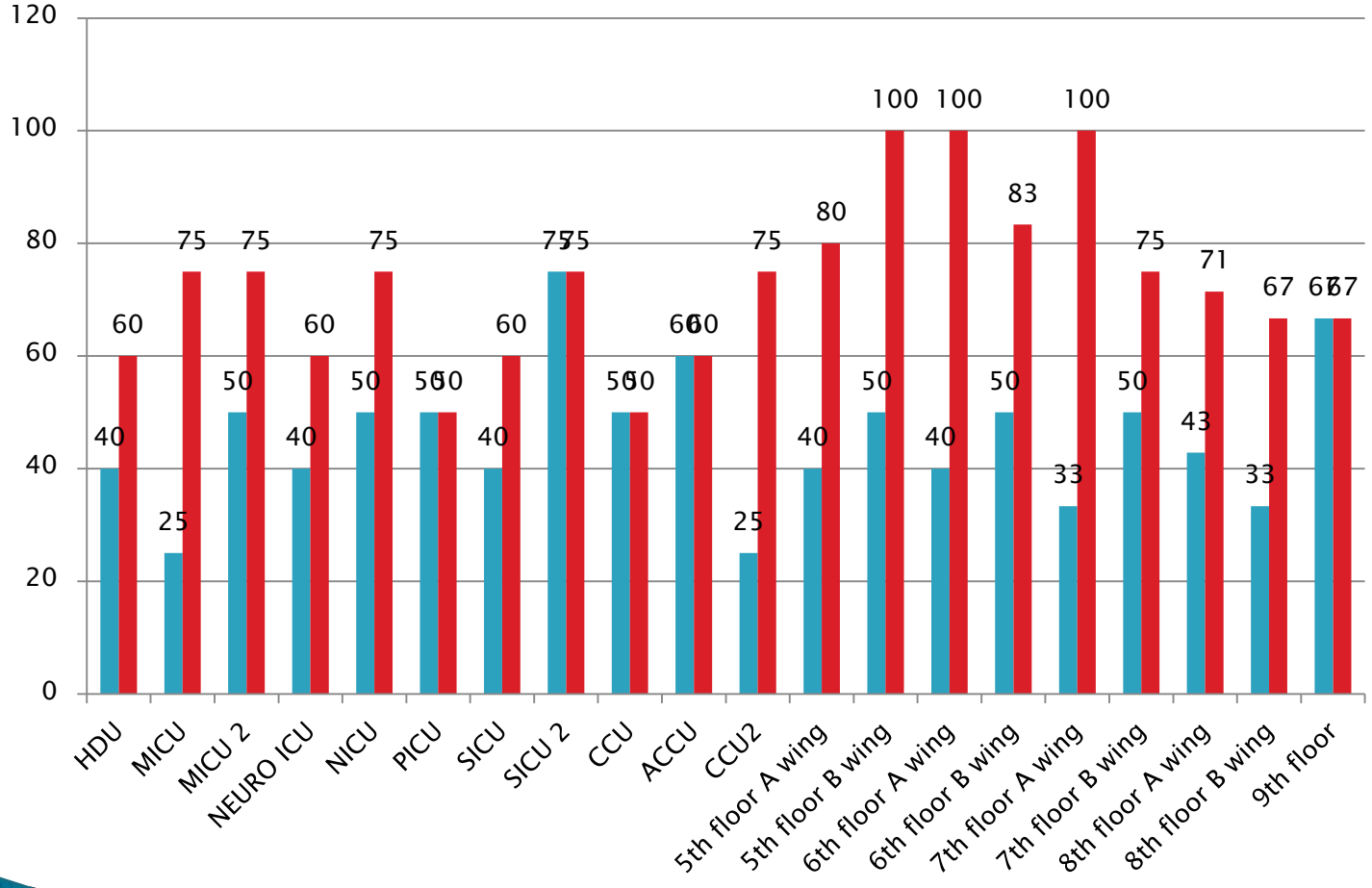

Figure :11
Inference : Graph showing overall compliance in regard to parameter of the study. 65% in ICU and 83% in Wards.

OVERALL COMPLIANCE OF HANDOVER COMMUNICATION IN REGARD TO CURRENT VITALS TAKEN BY NURSES

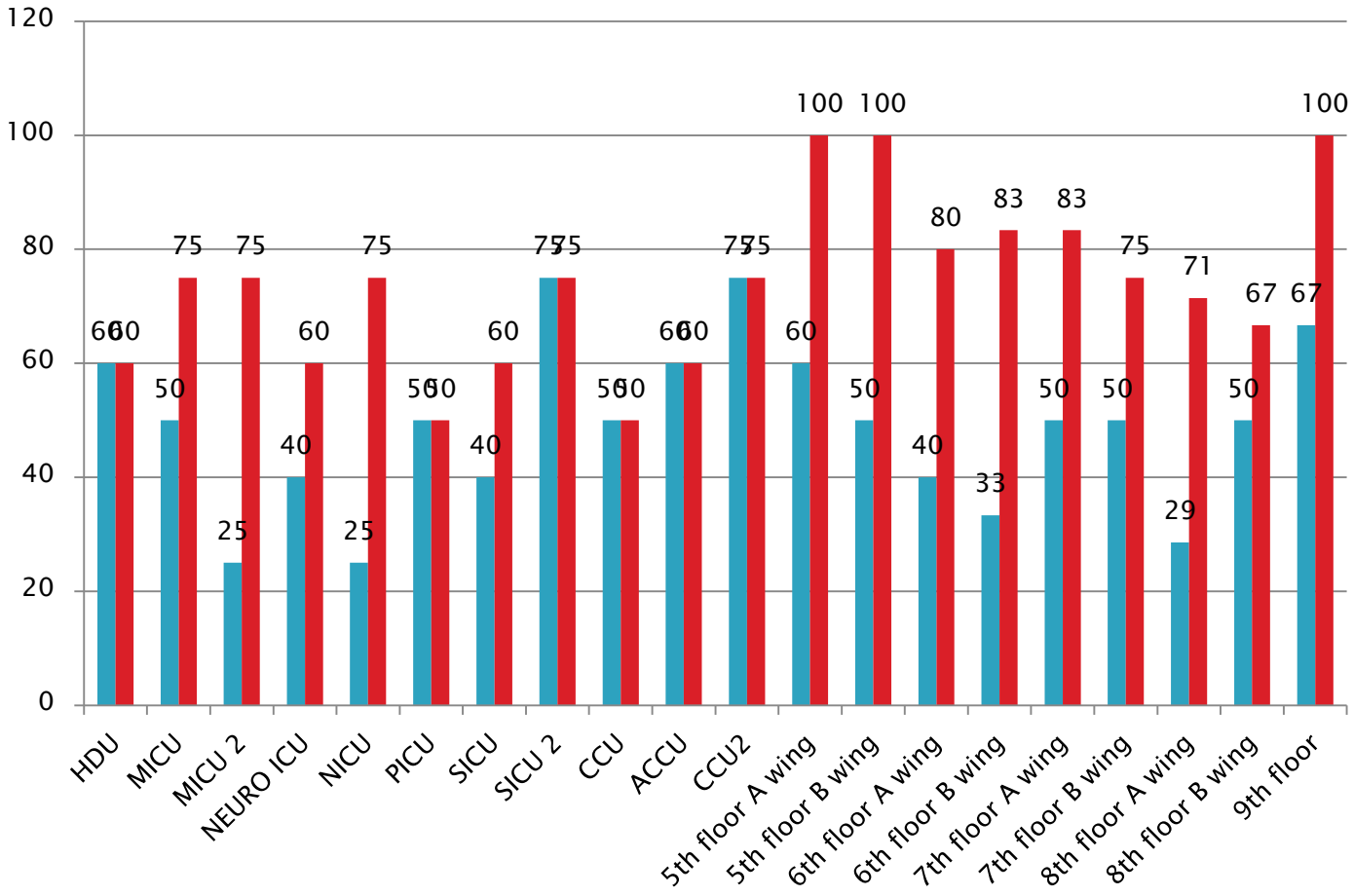

Figure :12
Inference : Graph showing overall compliance in regard to parameter of the study. 65% in ICU and 83% in Wards.

POSSIBLE REASONS FOR NON COMPLIANCE BASED ON THE OPINION OF HEALTHCARE PROVIDERS

- 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 emergency condition.

CONSEQUENCES FOR NON COMPLIANCE

It INCLUDES :-

- The difficulty by professionals to update their diagnosis .
- Patient dissatisfaction.
- Medication errors.
- Delay in treatment.
- Incorrect treatment.
- Length of stay increases.
- Increases the chances of HAI.
- Increase the expidenture.

DISCUSSION

1. With all the records reviewed we can say that there is adherence to the handover communication is seen in all ICU and Wards of the hospital.
2. It is necessary that hospital managers and doctors and nurses become involved in initiatives aimed to the application of checklist.
3. Doctors and nurses with effective coordination and contribution can improve the scenario .

SUGGESTIONS

- Timely internal audits in order to monitor the adherence to the checklist 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 .
- 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 .

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.

thank you!