

# Emergency department to inpatient unit handovers

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## Intra-hospital handover

- Is a high risk communication process
  - 60-80% of communication failures (including handover) contribute to clinical incidents (1)
- Is a risky scenario because (2):
  - Differing health professional from differing contexts require coordination
  - Organisational pressures
  - Logistical arrangements of transferring patients

## Aims

- To identify the barriers and enablers to effective emergency department (ED) to inpatient unit (IPU) nursing handover
- To identify the barriers and facilitators to using a standardised handover form for ED to IPU handover

## Study design

- We undertook an integrated knowledge translation approach, where end users were involved in all phases of the research

## Methods

- Focus groups were conducted with n=50 nurses, using semi-structured interview guides
- 4 focus groups were conducted on IPUS, 2 focus groups were conducted in ED
- The theoretical domains framework (TDF) (3) was used to explore nurses perceived barriers and facilitators to effective ED to IPU handovers, and to using standardised forms for ED to IPU handover

## The standardized form

- Nurses from ED and IPU settings formed a working group to develop a standardised handover form, over the period of 12 months. Forms were used to guide focus group discussions

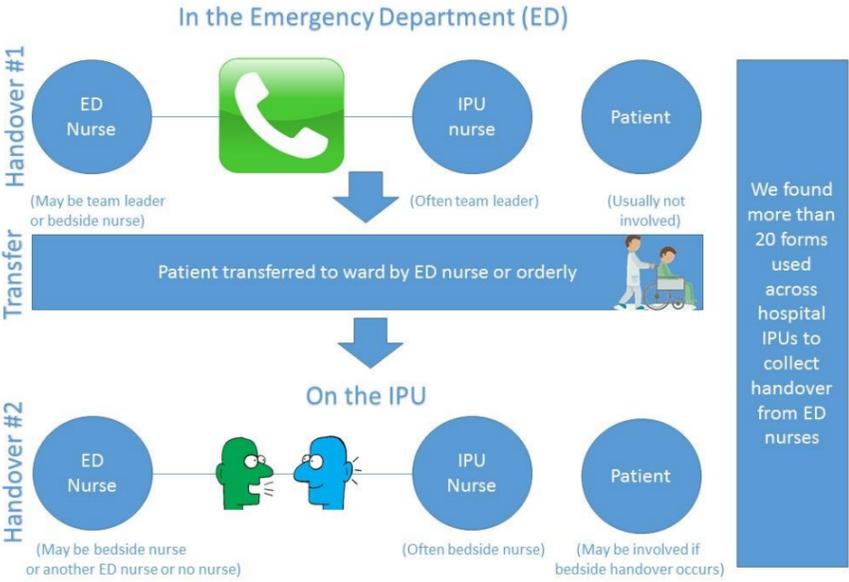
Queensland Government Gold Coast Health <b>CLINICAL HANDOVER TRANSFER</b>		(Affix identification label here) URN: Family name: Given name(s): Address: Date of birth: Sex: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> I	
Facility: The CH Transfer Form will be completed for adult inpatient admissions / transfers with reference to the CH Policy (POL1581). To be completed in 2 stages: 1. Phone to phone handover between admitting person and receiving wards; 2. Face to face handover at the bedside on arrival to the ward.		Patient details confirmed: <input type="checkbox"/> Y	
<b>IDENTIFICATION</b> Consultant: PR / NOK / Carer notified: <input type="checkbox"/> Y <input type="checkbox"/> N Specify:		Transfer Date: / / Provisional Diagnosis:	
<b>BACKGROUND</b> <input type="checkbox"/> Advance Health Directive    Alerts: <input type="checkbox"/> Mental Health Status: <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary <input type="checkbox"/> Acute Resuscitation Plan    Allergies: Medication / Food    Relevant Clinical Hc: Infection / Precautions:			
<b>ASSESSMENT</b> (tick all that apply) <input type="checkbox"/> QADDS <input type="checkbox"/> CARDIAC QADDS <input type="checkbox"/> ED QADDS   SCORE =   TIME: : : Modifications: <input type="checkbox"/> Y <input type="checkbox"/> N <b>If Y tick below:</b> <input type="checkbox"/> MET CALL (for this episode) <input type="checkbox"/> Chronic Abnormal Physiology <input type="checkbox"/> Temporary Modifications <input type="checkbox"/> ED MET CALL Criteria <input type="checkbox"/> RR <input type="checkbox"/> O <sub>2</sub> Sats <input type="checkbox"/> O <sub>2</sub> Flow Rate <input type="checkbox"/> Systolic BP <input type="checkbox"/> Heart Rate   Date:   Time: FALLS RISK: <input type="checkbox"/> At risk <input type="checkbox"/> Not at risk   TED stockings: <input type="checkbox"/> Y <input type="checkbox"/> N   Reason: MOBILITY: <input type="checkbox"/> Independent <input type="checkbox"/> Supervision <input type="checkbox"/> AIDS <input type="checkbox"/> 1xA <input type="checkbox"/> 2XA   Smoker: <input type="checkbox"/> Y <input type="checkbox"/> N Pressure Injury: <input type="checkbox"/> Y <input type="checkbox"/> N   Present on Admission: <input type="checkbox"/> Y <input type="checkbox"/> N   Invasive Devices Log: Wound: <input type="checkbox"/> Y <input type="checkbox"/> N   Location:   Diet: <input type="checkbox"/> Y <input type="checkbox"/> N Nutrition: Malnutrition Risk <input type="checkbox"/> Y <input type="checkbox"/> N   Dysphagia <input type="checkbox"/> Y <input type="checkbox"/> N   NBM <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> IDC <input type="checkbox"/> PICC Interventions / Investigations completed: <input type="checkbox"/> IVC <input type="checkbox"/> CVL Other:			
<b>RECOMMENDATION</b> Medication Charted: <input type="checkbox"/> Y <input type="checkbox"/> N   PRN orders: <input type="checkbox"/> Y <input type="checkbox"/> N   VTE Risk: <input type="checkbox"/> Y <input type="checkbox"/> N   Pts Own meds: <input type="checkbox"/> Y <input type="checkbox"/> N Communication / Language: <input type="checkbox"/> English <input type="checkbox"/> Other   Interpreter: <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> EMR updated   Referrals: _____ Investigation / Procedures to be completed: _____			
Valuable / Belongings: <input type="checkbox"/> Wallet <input type="checkbox"/> Glasses <input type="checkbox"/> Dentures <input type="checkbox"/> Phone <input type="checkbox"/> Clothing <input type="checkbox"/> Shoes <input type="checkbox"/> Keys			
<b>PHONE HANDOVER</b> FROM:   TO: Name:   Name: Signature:   Signature:		<b>BEDSIDE HANDOVER ON ADMISSION</b> FROM:   TO: Name:   Name: Signature:   Signature:	

## Analysis

- Inductive qualitative content analysis was used to analyse interview transcripts

## Results

Nurses described the handover process as follows:



## 3 themes emerged from analysis

- Strategies to ensure continuity of information:
  - Analyzing charts to inform handover
  - IPU nurses prompted information they need
  - Involving ED bedside nurse in at least 1 handover
  - Clarifying roles during transfer and handover 2

Normally, we've got the Electronic Medical Record (EMR) open and they've got the EMR open, that's what we're getting.

## 2. Collaborating across settings

- Understanding the receiver's needs
- Understanding the giver's contextual pressures
- Desiring better relationships

the important stuff in ED is to do things quickly and find out what's wrong. But the important stuff for us is to know the plan and how they mobilise..., which often isn't the priority downstairs.

## 3. Using standardized forms

- Creating forms that allow both parties to work together
- Using forms can enhance accountability and information quality
- Implementing the form requires tailored strategies for each unit

So it's just a matter of both sides of the party coming together and going, right, do you have the form in front of you? Let's run it from top to bottom. Because then you're not going to get lost and be like, oh...I'll just got back to writing it on this Post-it note.

## Conclusions

- ED to IPU handover is a complex process (multiple people, documents and strategies to enhance information continuity)
- IPU nurses have information expectations, but they need to be realistic for ED nurses
- Forms may benefit handover, but consideration needs to be given to their implementation
- Patients were not involved in the process; suggesting an area for further investigation