Nursing Inter-Shift Handover Process in Mental Health Settings:

Enhancing a Traditional Ritual through Evidence Based Practices

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Background

- WHO ranked communication during handover as 5th priority[14]
- Ranked 2nd priority by JCI[11,13]
- Key focus at the ACSQHC[2]
- No standardized way of handover (e.g. haphazard)
- Handover information to receiving shift inconsistent

Current Gap

- No other mental health hospital to benchmark practices
- No evidence based audit tool criteria for mental health shift handovers

Audit questions

- Are existing handovers efficient and effective?
- Are patient information transferred accurately and timely?
- Is the practice based on best available evidence?

Aims and objectives

- Examine existing handover practices/process
- Determine strengths and limitations
- Identify, implement and evaluate the inter-shift handover process

Audit criteria

1. Face to face communication[6,13,14]
2. Documented using a structured tool[9, 11, 13]
3. Patient is being identified[6]
4. Patient's relevant history has been stated[11]
5. Detailed observation of the patients have been stated[6,7]
6. Includes an agreed plan of care for the patient[10,11]
7. Transfer of responsibility[1,12,13]

Setting and sample

- Tertiary mental health institution
- 4 acute admitting in-patient mental health wards
- Weekly Tuesday or Wednesday audits for 1 month by 4 auditors using PACES and GRIPS
- Occur during afternoon inter-shift handovers
- Period of four months from August to December 2011

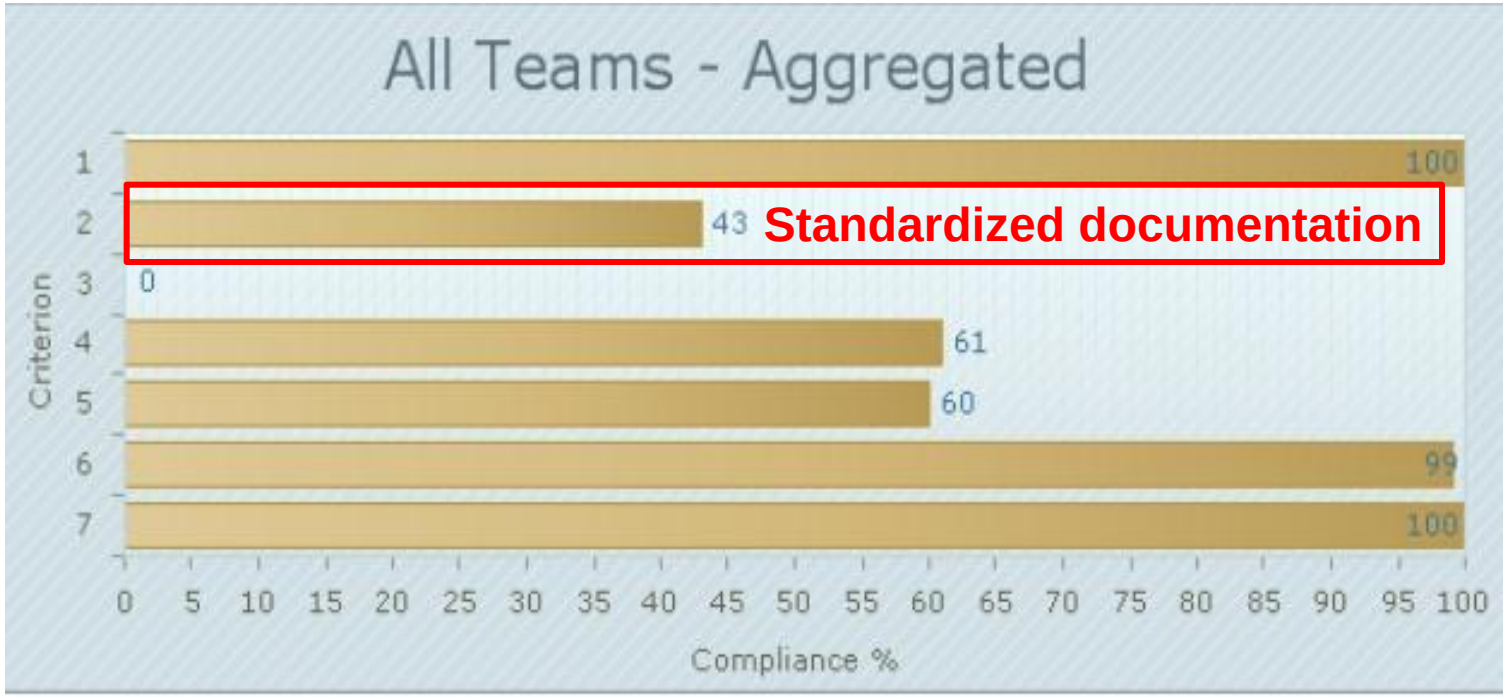
Methods

Phase 1: Preparation phase

- Development of project guideline
- Presentation and buy-in to key stakeholders
- Baseline collection for a month of data to assess situation
- Auditors sat in for observation for handover sessions in identified wards (checklist criterion in PACES)
- Presentation of baseline data

Results

Baseline Compliance Audit (294 cases)



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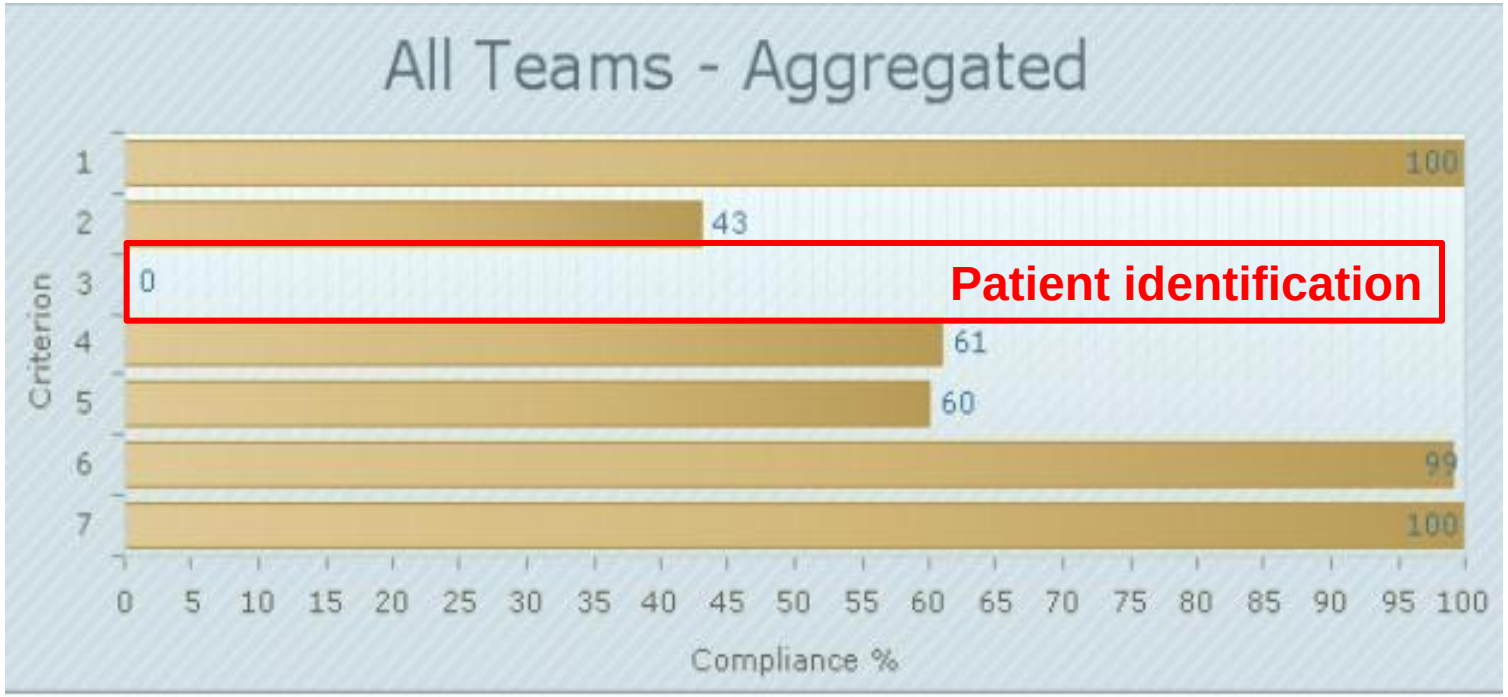

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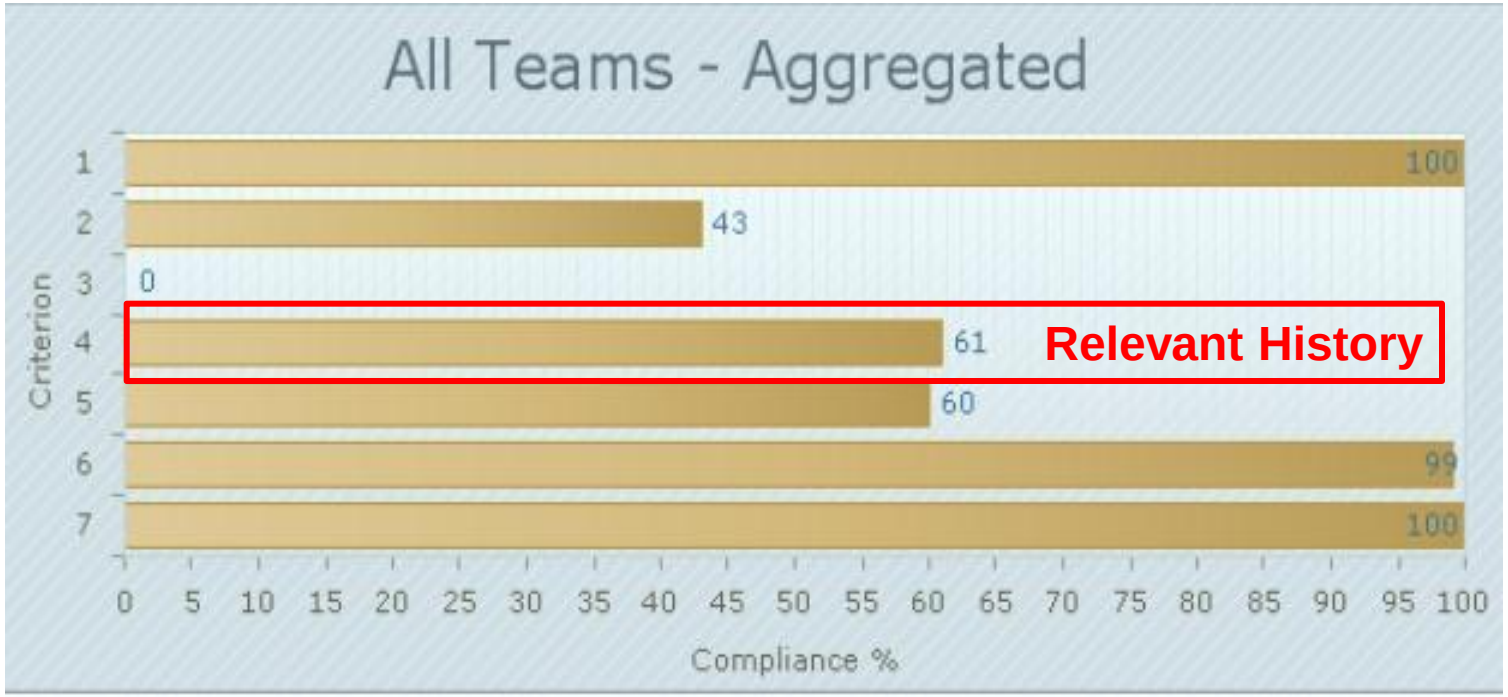

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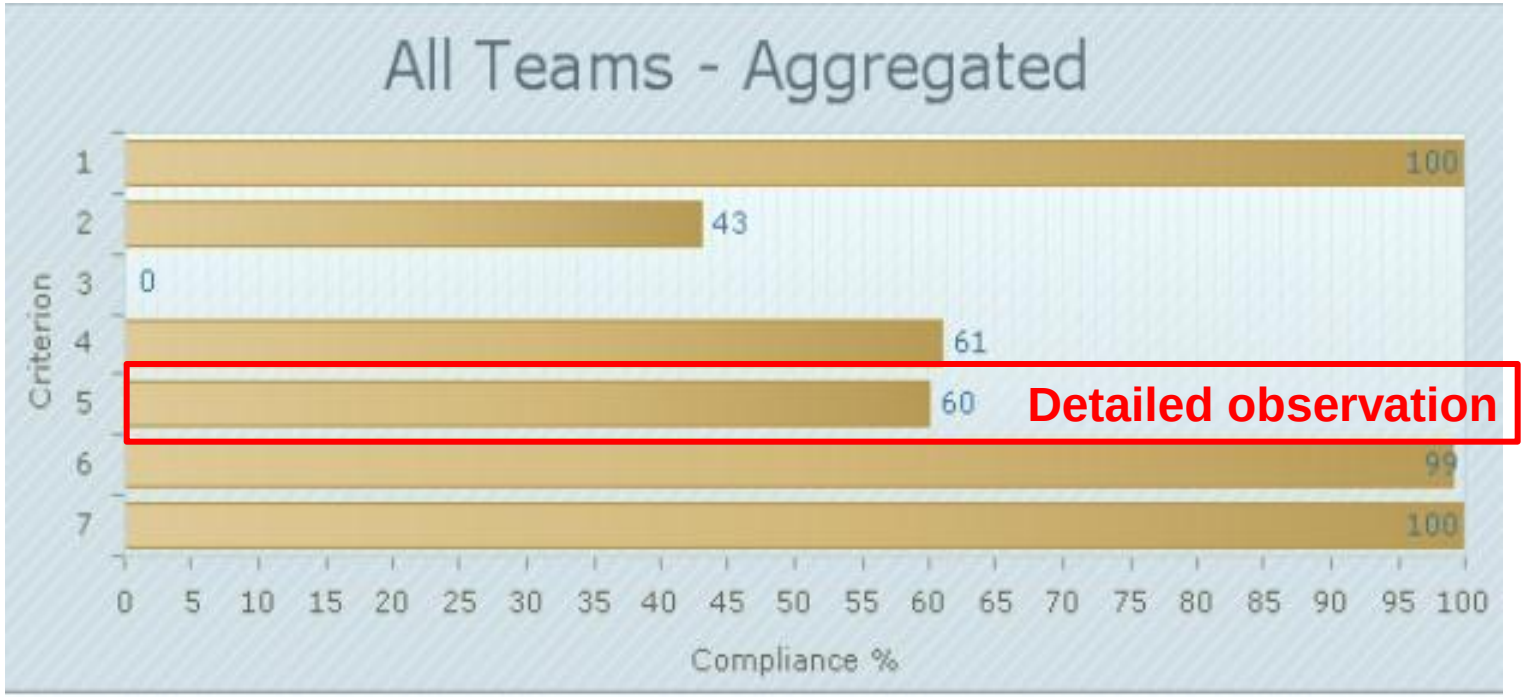

Methods

Phase 2: Implementation

- Identification of gaps in GRIPS
  - Lack of proper handover techniques [10, 13]
  - Resistance to change[13]
  - Misuse of time[10, 13]
- Strategies to improve compliance
  - town hall meetings with key stakeholders
  - education sessions on evidence-based handover strategies conducted for nurses
  - appointment of a time keeper

Methods

Phase 3: Post implementation

- Follow up audit
- GRIP program will be used to identify gaps
- Ongoing monitoring
- Final report

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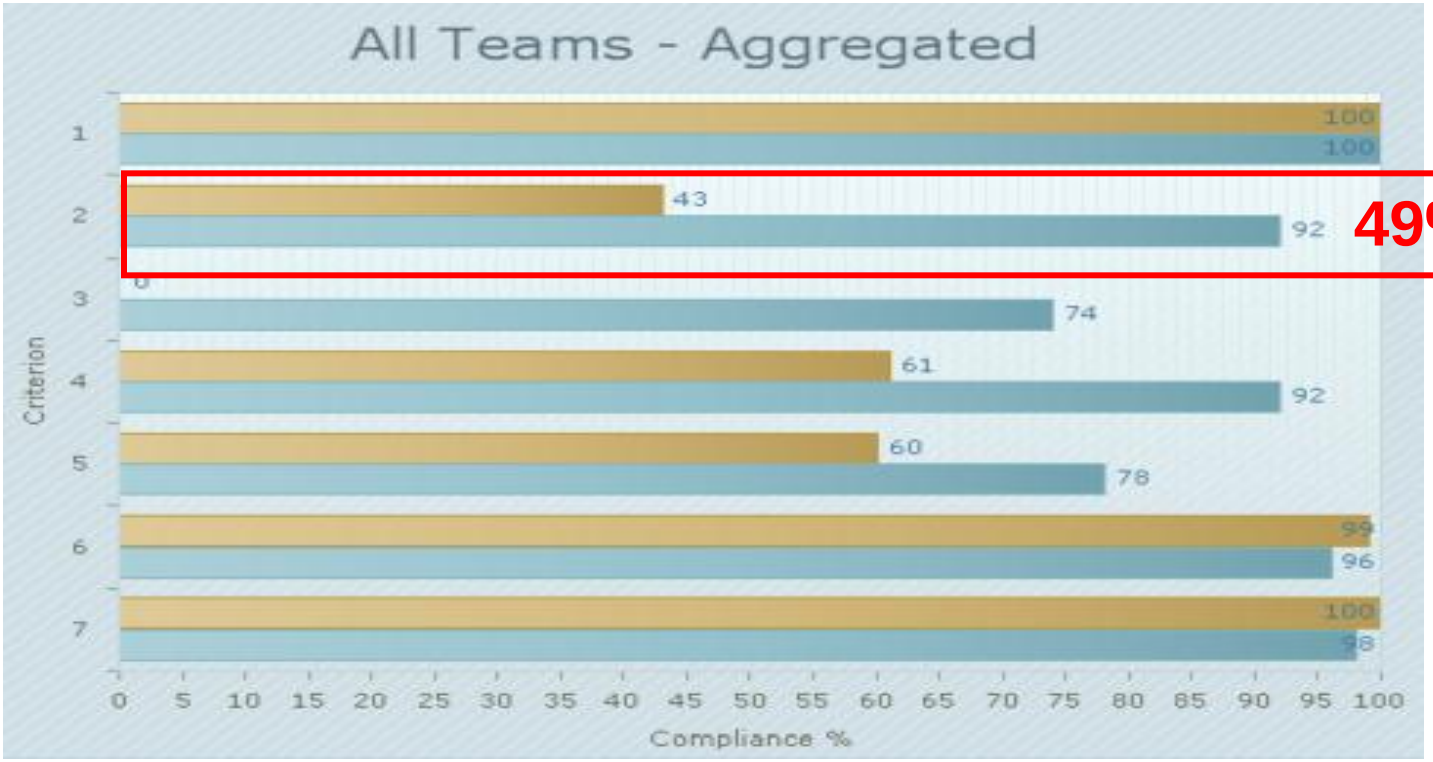
Results

Post implementation Compliance Audit (317 cases)



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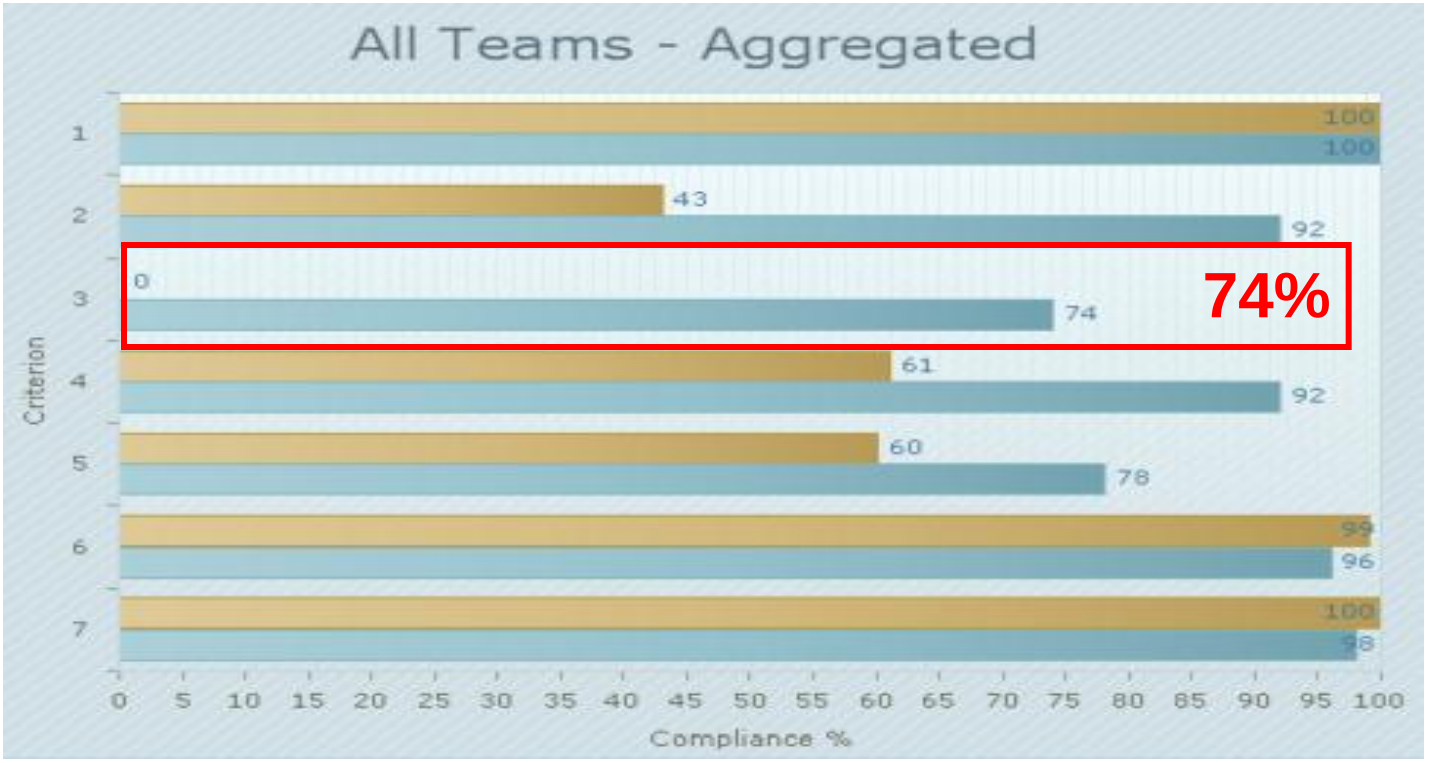

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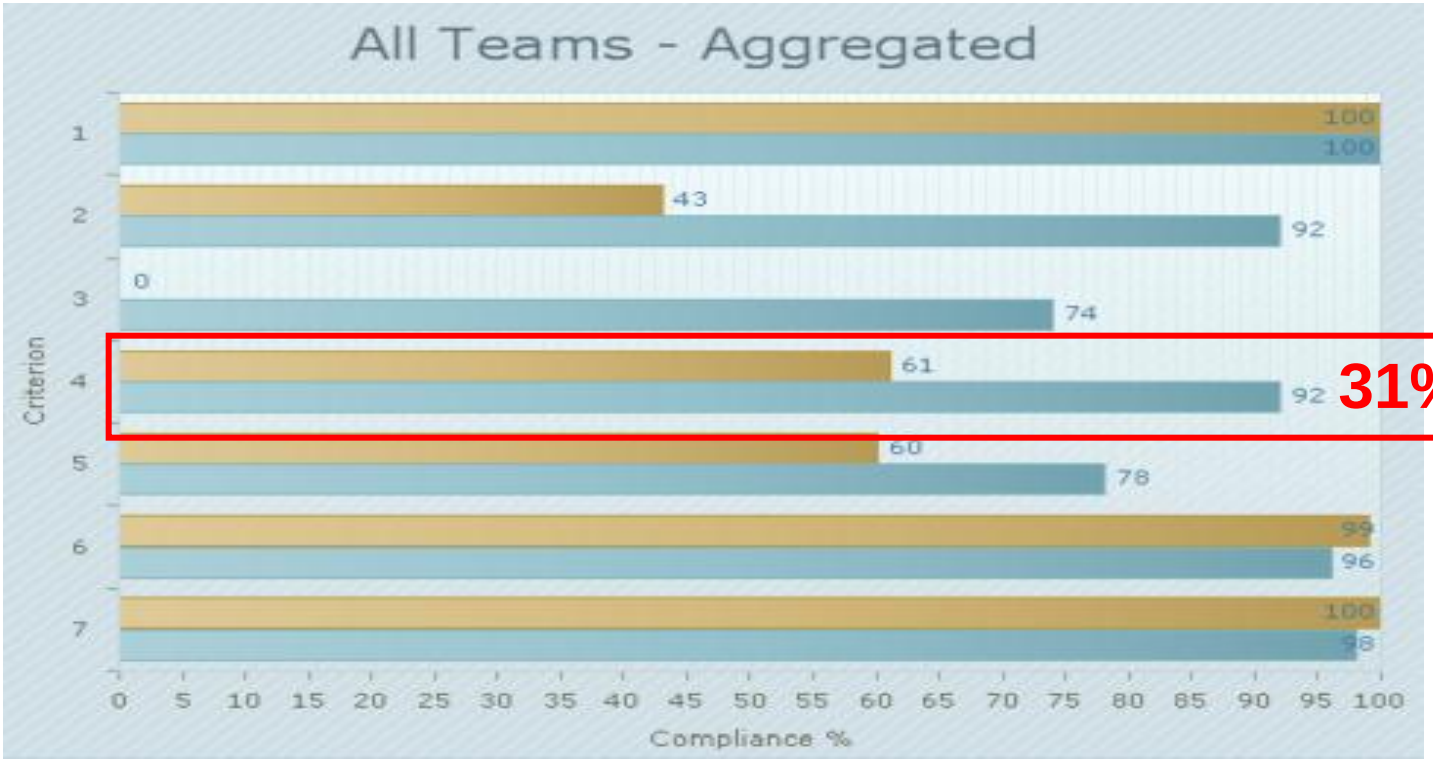

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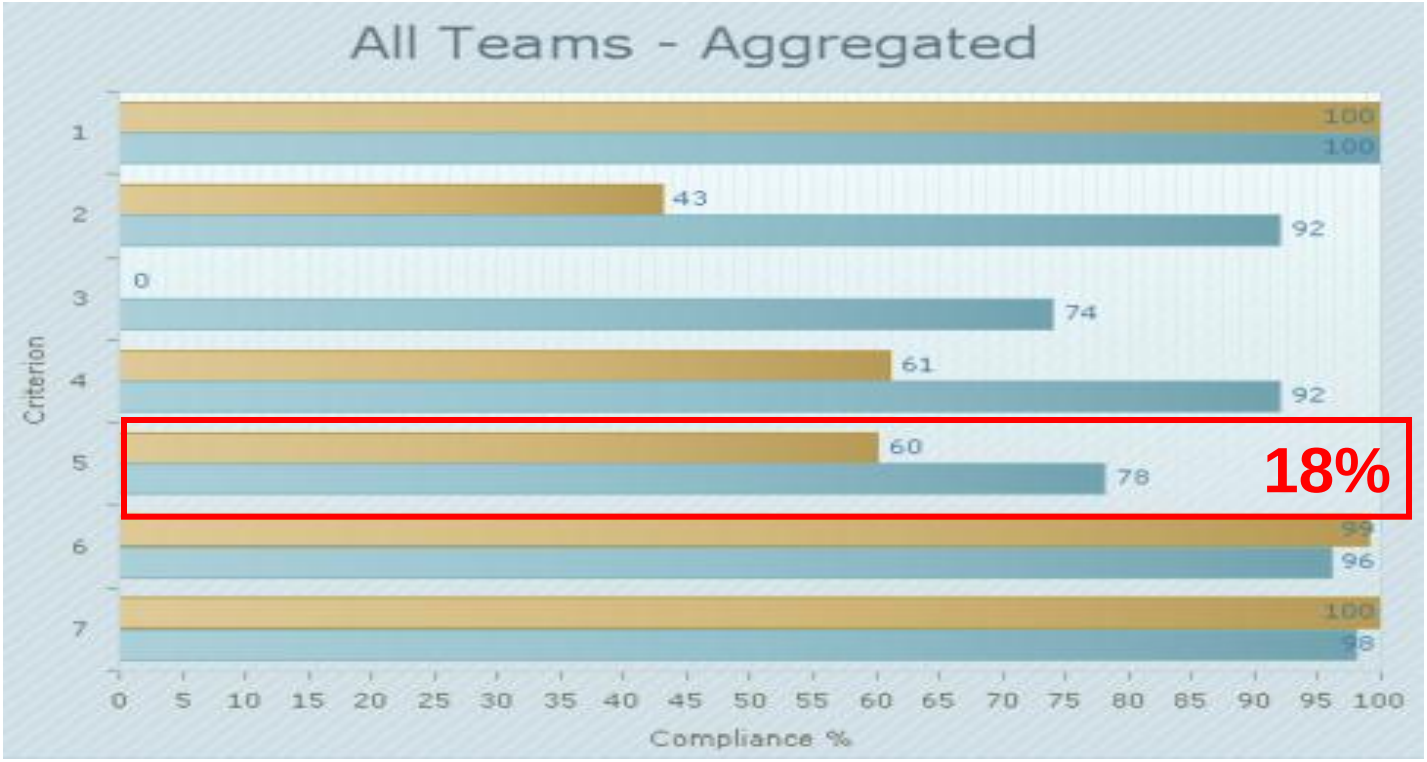

Recommendations

- Ongoing audits
  - One ward audited monthly
  - Conducted in the 1st or 2nd week of the month between 2pm - 5pm

- Integrate evidence-based audit system into the NQIC Nursing Audit.

Conclusion

- Handovers are important nursing communication tool
- Information used to prioritize and make clinical decisions
- Evidence based evaluation ensures patient safety

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