Handover Practices During Patient Transfer from ICU to a General Medicine Ward

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Background

Handover is the transfer of information, responsibility, and accountability for patients between healthcare providers1. Transitions of care have been recognized as a major patient safety risk, and organizations such as Accreditation Canada have mandated the use of documentation tools to standardize information transfer2.

Patients admitted to an intensive care unit (ICU) are medically complex, and transition to a medical ward can be challenging3:
- Change of entire care team
- Less resources on the ward
- Lack of standardized discharge process
- Provider anxiety

To help mitigate these concerns, the National Institute for Health and Care Excellence (NICE) Guidelines provide suggestions for the content of written handover3.

Methods

Objectives

To elucidate and improve current written handover practices of physicians during transfer from an adult intensive care unit to a general medicine ward.

Study

Retrospective chart review

When

April 2016 – October 2016

Population

Adults admitted to the Royal University Hospital ICU and transferred to the Clinical Teaching Unit (CTU) on a medicine ward (6200, 5000, 5200)

Exclusions

Discharged home or transferred to another service

Process Measures

- Presence and content of written handover
- Data abstraction rubric based on Accreditation Canada’s Required Organizational Practices (2017) and NICE Guidelines (2007)

Outcome Measures

- ICU readmission rate (within 72 hours of discharge from ICU)
- Delay from date of internal medicine consult to ward transfer

Data Analysis

The percentage of patient charts with a documented transfer summary was reported. The distribution of handover content was analyzed using descriptive statistics.

Results

Results showed that 2 of the 34 charts reviewed (6%) had an explicit handover note or transfer summary present (Fig. 2).
- Typed on computer template
- Paper copy in chart
- Most information suggested by NICE guidelines were included
- Excluded “physical and rehabilitation” and “psychological” needs

The remaining 32 charts (94%) show this information was scattered in multiple locations in the chart, primarily in the ICU admission note and progress notes.

Outcome Measures

- Re-admission to ICU within a 72-hour period: 0%
- Average number of days between internal medicine consult and ward transfer: 1.3 days (0-4)

Discussion

At the Royal University Hospital, written handover of a patient’s ICU stay is rarely documented. Only one other study has looked at similar data, and our rate was higher in comparison (6% vs 2.5%)3.

Such a deficiency can negatively impact patient care:
- Uncertainty about active treatment plans
- New patient problems between internal medicine consult and transfer to medicine ward may not be conveyed
- Failure to follow up on pending investigations

Limitations

Single-center study in a mixed specialties ICU
Does not address verbal handover practices

Strengths

First study to look at local handover practices from ICU to internal medicine ward transfer

Future work

Defining the needs of physician and patient stakeholders through surveys and interviews. This would provide the foundation for creating an intervention, such as a handover template.

Acknowledgment/References

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