

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.

Summary of ICU Stay	Physical & Rehabilitation Needs
Monitoring & Investigations	Psychologic & Emotional Needs
Ongoing Treatment Plan	Communication & Language Needs

Objective

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

Methods

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

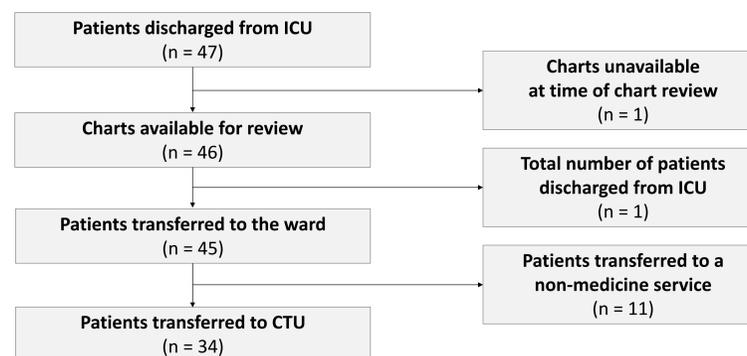


FIGURE 1. Study patient recruitment process. Forty-seven charts were available for review; thirty-four were used for the final analysis.

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)

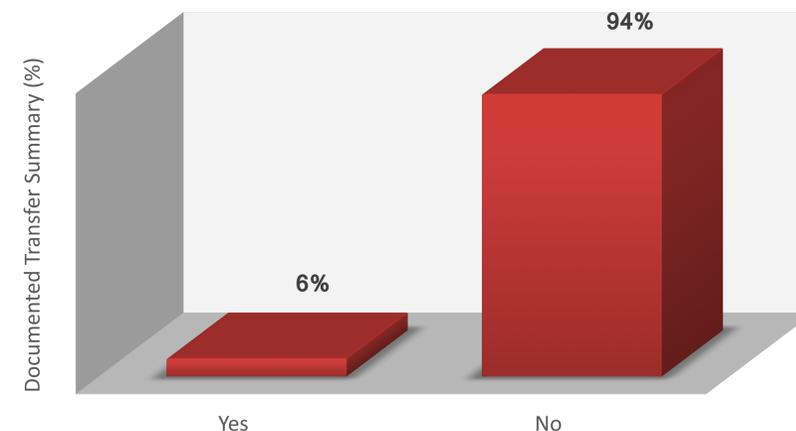


FIGURE 2. Percentage of patient charts with a documented transfer summary.

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%)⁵.

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

We would like to thank the SHR health record department for their assistance with chart retrieval.

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