Title: ICU to ward handover: the link for communication and patient safety

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Introduction
Clinical handover refers to “the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis” [1]. Clinical handover has been identified as one of the top five priorities by the Australian Commission on Safety and Quality in Health Care. Handover from ICU to ward is an important part of communication among team members to ensure continuity of safe patient care.

Discussion
Poor quality clinical handover maybe associated with risks of preventable adverse events [2]. In a study on ward nurses’ perspectives on ICU to ward handover [3], ward nurses claimed they did not receive enough information to provide direct patient care, which implicated risk associated with discharge from ICU. In our research project “exploring ICU discharge process”, it was found that the purpose of the phone handover prior patients’ transfer to ward was misunderstood by both the ICU and ward nurses. Information was often lost in transition, particularly when the handover involved a chain of ward nurses. Poor preparation for patients’ arrival on the wards appeared to be the main factors that affected the quality of the final face to face handover between ICU and ward nurses. Ward nurses claimed that although a lot of information was often given by ICU nurses, the relevancy of some of the information was questionable. It also showed that clarification of what information ward nurses wanted was needed. The tools (checklists) used by some wards for receiving ICU phone handover seemed effective in ensuring the continuity of the handover.

Although handover is currently close to the top of the patient safety agenda [4] and has been researched, to some extent, within the general hospital setting [5], limited research was found regarding the ICU medical and/or nursing handover undertaken when patients are discharged from ICU.

Conclusion
The study result on ICU patient discharge process showed that it is essential to clarify the purpose of handovers, and understand the expectations of the information giver and the receiver. Investigations on what tools may improve the effectiveness of ICU to ward clinical handover are also important. More research is needed to improve the ICU to ward clinical handover practices.

References