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From the ICU to the Ward - We Can Improve**

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Published

2019

Conference Title

Australian Critical Care

Version

Accepted Manuscript (AM)

DOI

[10.1016/j.aucc.2018.11.019](https://doi.org/10.1016/j.aucc.2018.11.019)

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Discrepancies and Deficits in Nursing Handover of Trauma Patients From the ICU to the Ward – We Can Improve

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Introduction: Clinical handover is an Australian National Standard and patient safety priority. Incomplete and inaccurate clinical handover leads to reduced continuity of care and adverse events. Risks are exacerbated during inter-department handover when transferring complex trauma patients from ICU to a ward.

Objectives: To describe current practice of inter-department nursing handover of trauma patients by assessing handover accuracy, completeness and effectiveness.

Methods: Naturalistic observations of inter-department clinical handover of trauma patients were conducted using a comprehensive data collection tool to assess handover structure, discharge process, and data maintenance. Semi-structured interviews of the nurses were conducted post-handover to assess their perceptions of handover effectiveness. The study site was a tertiary-referral hospital. Purposive maximal sampling of patient handover opportunities were sought to obtain the greatest understanding of handover. Patients and their respective ICU and ward nurses were invited to participate. Recruitment continued until data saturation was reached using thematic analysis. HREC approval was received.

Results: Ten patients and their respective ICU and ward nurses were recruited. Observations of the handovers identified multiple issues. The issues identified included deficits and discrepancies that could impact patient safety, variable/missing processes and inconsistent structure and poor patient and family involvement in handover. Themes that were identified from the interviews included the need for a structured tool to aid handover, and interestingly, both ICU and ward nurses perceived that the complexity of handover did not differ between trauma patients and other ICU patients but instead was determined by patient acuity.

Conclusion(s): Accurate and comprehensive handover is crucial to patient safety. Significant deficits in inter-department handover were identified, indicating the need for improvement. Handover could be improved by the development and implementation of a specialised ICU handover tool for all ICU patient transfers.