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COMPLIANCE TO CLINICAL HANDOFF COMMUNICATION AND ITS IMPACT ON PATIENT SAFETY IN HEMODIALYSIS UNITS

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ABSTRACT

Introduction: Patient safety is becoming a focus & priority of every healthcare authority and organization, as they impact outcomes of patients and healthcare effectiveness and efficiency, as evident from the emphasis on international patient safety goals. Clinical handoff communication continues to receive widespread attention from healthcare givers as it emphasizes the clinical crucial time for patient outcomes. This is why the health care providers are involved proactively in proper handoff during shift & during care at the hemodialysis unit by adhering ISBAR (Identification Situation Background Assessment & Recommendations) format & timely intervention which influences the compliance status of patient safety. The hemodialysis unit at Apollo Hospitals, Bhubaneswar has a policy of effective handoff with strict ISBAR format and intervened accordingly to comply the patient safety. The aim of this study was to assess compliance with clinical handoff communication & to assess the impact of clinical handoff communication on patient safety. A handoff is largely dependent on the interpersonal communication skills of the caregiver as well as the knowledge and experience level of the caregiver. There is reported variability in quality, lack of structure in how handoffs usually occur, and variances in shift handoffs. Methodology: In June 2022 there was an increase in the consultant complaints about the nursing care for the patient in hemodialysis unit .all the staff nurses were reinforced about the clinical handoff and communication using ISBAR.A quantitative descriptive survey was conducted in the month of July, August and September to assess the compliance to the clinical handoff and ISBAR format communication and its impact on patient safety among the In-Patient hemodialysis patients at Apollo Hospitals, Bhubaneswar .Using purposive sampling technique 150 In-Patients hemodialysis patients were selected for the study. The data was collected using Accuracy and completion of clinical handoff check tool(ACT). Results: With constant reinforcement on clinical handoff and ISBAR there was a steady increase in compliance to clinical handoff with 47% in July 87.50 in august and 94% in September and ISBAR with 51% in July 75% in August and 84% in September .The impact of the compliance on patient safety was assessed on the basis of clinical action after clinical handoff and patient outcome. The analysis shown that clinical action after clinical handoff was improved from 64% in July, 75% in August and 79.50% in September and patient outcome increased from 58% in July, 71% in august and 77.50% in September Conclusion: Patient handoffs are a necessary component of current medical care. When healthcare professionals are not communicating effectively, patient safety is at risk for several reasons: lack of critical information, misinterpretation of information, unclear orders over the telephone, and overlooked changes in status. So it's required to follow a standard format during handoff communication to comply the patient safety. The ISBAR (Introduction, Situation, Background, Assessment, Recommendation) framework, endorsed by the World Health Organization, provides a standardized approach to communication that can be used in any situation. In the complex clinical environment of healthcare today, ISBAR is suited to a wide range of clinical contexts and works best when all parties are trained in using the same framework. So it's important to sustain the best practices of clinical handoff communication & all health care team need continuous follow-up & compliance checks through ACT (Accuracy& completion of hand-off check

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INTRODUCTION

Communication in nursing is an essential part of a nurse's responsibility to efficiently and safely manage patients. An important type of communication that nurses and other health professionals engage in is handoff communication. To increase patient safety by preventing errors through improving staff handoff communication in an inpatient hemodialysis unit. Clinical handoff refers to the transfer and acceptance of patient care responsibility through effective communication. It is a real-time process of passing patient-specific information from one caregiver to another or from one team of caregivers to another for the purpose of ensuring the continuity and safety of patient care. The information must be clear, accurate, complete, up to date & unambiguous and it must be clearly understood by the recipient. Hemodialysis patients are vulnerable to adverse events, including those surrounding hospital discharge.

The transfer of essential information and the responsibility for the care of the patient from one healthcare provider to another is an integral component of communication in health care. This critical transfer point is known as a handoff. [1] An effective handoff supports the transition of critical information and continuity of care and treatment. However, the literature continues to highlight the effects of ineffective handoffs: adverse events and patient safety risks. [2].

Identify, Research, and collect ideas (Methodology)

- Research approach: Quantitative research approach.
- Research design: Descriptive survey design
- Research variable: Clinical handoff and patient safety
- Settings of the study: Apollo Hospitals, Bhubaneswar
- Duration of the study3 months
- Target population: Inpatient hemodialysis patients at Apollo Hospitals, Bhubaneswar
- Sample: In-patients with Hemodialysis at Apollo Hospitals, Bhubaneswar who full fills inclusion criteria
- Sample Size:100
- Sampling Method: Purposive sampling
- Inclusion criteria: In-patients with hemodialysis
- Exclusion criteria: Out-patients came for dialysis & portable Dialysis in ICU
- Ethical considerations: The ethical committee reviewed the article & approved the study.
- Data collection method: Observation of the documentation of the In-Patients admitted to dialysis units
- TOOL USED FOR DATA COLLECTION: A structured checklist of ACT (Accuracy& completion of hand-off check Tool) was used
 to collect data regarding compliance to clinical handoff, ISBAR and its impact on patient safety.

A. A.Basic Informations of Patient						A structured checklist of ACT (Accuracy& completion of hand-off check Tool). B.Compliance to Clinical hand-off communication								C.Impact of clinical Handoff Communication on patient				
SI No.	Date	336	Patient Name	UHID No.	Diagnosis	Language barrier	Any	Lines in Situ(Fistul a/PERM Catherter/ Jugular/Fe moral)		CBG value	Dietary Pattern	Critical Lab Values(if	Accuracy & completion of hand off during transfer of patient from Ward/ICU/HDU to Hemodialysis	Follows		compliant & any other	clinical action after proper	Compliance Status of patien outcome
							1,000,00	1,000				3771	2.0	yes	No			

• PLAN FOR DATA ANALYSIS: statistical analysis

RESULTS

The data from July to September 2022 collected using ACT was analyzed using descriptive statistics. The objectives of the study: -

- To assess compliance to clinical handoff communication
- To assess the impact of clinical handoff communication on patient safety

Table 1. Monthly percentages of compliance to clinical handoff communication documentation

			N=150
	Total No. of IP Hemodialysis	Proper handoff communication documented	% of Compliance documentation
Jul-22	45	21	47%
Aug-22	56	49	87.50%
Sep-22	49	46	94%

The data given in table 1 describes that by adhering to the process of ISBAR clinical handoff communication, among 150 IP patients shifted for hemodialysis, out of which the compliance rate from July 2022 to September 2022 reaches from 47% to 94%.

Table 2. Compliance with the ISBAR tool of clinical handoff communication & documentation (from July 2022 to September 2022)

			N=150		
Compliance with ISBAR communication (from July 2022 to September 2022).					
Month	Total No. of IP Hemodialysis (n)	Followed ISBAR format	Percentage (%)		
Jul-22	45	23	51%		
Aug-22	56	42	75.00%		
Sep-22	49	41	84.00%		

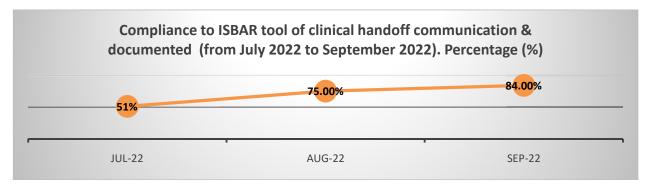


Figure 1.

The data presented in Tables 2 & figure-2 describe that the total number of hemodialysis done 150, out of which 84% compliance adherence to ISBAR tool by the nurses to compliance to clinical handoff communication which was studied from July 2022 to September 2022.

Figure 3 & 4: Percentage of impact of compliance to clinical handoff and ISBAR communication on patient safety from July to September 2022 n=150

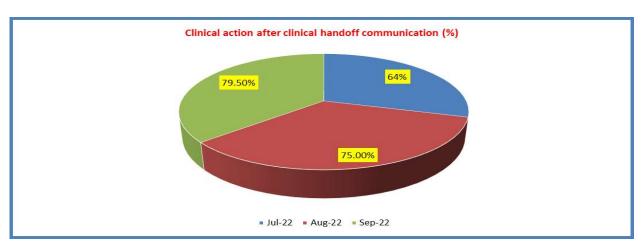


Figure 2. (Clinical Action after Clinical Handoff Communication)

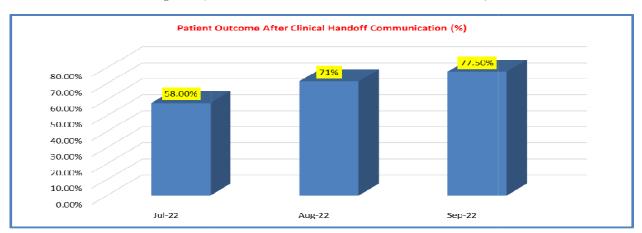


Figure 3. (Patient Outcome After Clinical Handoff Communication)

Figure-2 & Figure-3 describes the impact of compliance to clinical handoff communication on patient safety in terms of clinical action after proper clinical handoff processed patient outcomes. The Clinical action improved from 64% in July, 75% in august, and 79.50% in September, and patient outcome increased from 58% in July, 71% in august, and 77.50% in September

DISCUSSION

In June 2022 there was an increase in consultant complaints about the nursing care for the patient in the hemodialysis unit, all the staff nurses were reinforced about the clinical handoff and communication using ISBAR. A quantitative descriptive survey was conducted in the month of July, August, and September to assess compliance with the clinical handoff and ISBAR format communication and its impact on patient safety among the IP hemodialysis patients in Apollo Hospital Bhubaneswar. Using the purposive sampling technique 150 IP hemodialysis patients were selected for the study. The data was collected using the Accuracy and completion of clinical handoff check tool(ACT). With constant reinforcement on the clinical handoff and ISBAR there was a steady increase in compliance to clinical handoff with 47% in July 87.50 in august and 94% in September and ISBAR with 51% July 75% July 75% July 487.50 in September. The impact of compliance on patient safety was assessed on the basis of clinical action after clinical handoff and patient outcome. The analysis showed that clinical action after clinical handoff was improved from 64% in July, 75% in august, and 79.50% in September and patient outcome increased from 58% in July, 71% in august, and 77.50% in September. Through ISBAR staff articulate essential patient information about the patient effectively to the treating physician. The ACT check tool plays a vital role in the collection of data, compiling the data & analyzing the result of compliances related to documentation & patient outcome which leads to ensuring patient safety.

CONCLUSION

Patient handoffs are a necessary component of current medical care. Accurate communication of information about a patient from one member of the health care team to another is a critical element of patient care and safety; it is also one of the least studied and taught elements of daily patient care. When healthcare professionals are not communicating effectively, patient safety is at risk for several reasons: lack of critical information, misinterpretation of information, unclear orders over the telephone, and overlooked changes in status. Lack of communication creates situations where medical errors can occur. The ISBAR (Introduction, Situation, Background, Assessment, Recommendation) framework, endorsed by the World Health Organization, provides a standardized approach to communication that can be used in any situation. In the complex clinical environment of healthcare today, ISBAR is suited to a wide range of clinical contexts and works best when all parties are trained in using the same framework. It is essential that healthcare leaders and professionals from across the health disciplines work together to ensure good clinical handover practices are developed and maintained. Organizations, including universities and hospitals, need to invest in the education and training of health professional students and health professionals to ensure good quality handover practices. Using ISBAR as a framework, the purpose of this paper is to highlight key elements of effective clinical handover and to explore teaching techniques that aim to ensure the framework is embedded in practice effectively. [3] So it's important to sustain the best practices of clinical handoff check Tool).

Appendix

1. ISBAR format

	Identification							
, r	Namaste I amUnit							
I								
	Am I speaking to Dr							
	I am calling for patient (Two identifiers)							
	Full Name Mr./Ms							
	UHID							
	Situation							
S	I have just assessed the patient	and I am little conc	erned about patient's condition					
	Vitals are							
	Тетр		Pulse		İ			
	Resp		BP		ì			
	SPO2		O2 on flow		Ì			
	I/V fluid		Drain		İ			
	RBS		Intake		Ì			
	Output		Lab/Radiology reports		İ			
	Others				İ			
For E.g I am concerned about the patient's pulse as it is 112/min as compared to 82/min and even BP of the patient is 140/100 mm of hg compared to 120/70 mm of hg. Patient is also febrile. We have sent the sample of CBC as advised but lab reports are awaited. The is on oxygen at the rate of 2 l/min and current SPO2 is 92%.								
В	Dohoviova							
D	Behaviour The Control of the Control							
	The patient condition is							
	The mental status is:							
	Alert and oriented to person, pla							
	☐ Confused co-operative non o	co-operative						
	☐ Agitated or combative							
	☐ Lethargic but conversant but	able to swallow						
	□ Comatose Eyes closed							
	☐ Not responding to stimulation	Į.						

A	Assessment This is what I think the problem is The patient condition is deteriorating The patient seems to be unstable and may get worse.
R	Recommendation I request, if you can come or send somebody from your team Please let me know, In the meantime, if there is any change in treatment guidelines or any other lab investigation required.

REFERENCES

The Joint Commission. Joint Commission Requirements. Accessed Dec 27, 2012,... Improving Hand-Off Communication (2007) J.C. Fink -CKD as an underrecognized threat to patient safety, Am J Kidney Dis. (2009) www.who.int
