



RESEARCH ARTICLE

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COMPLIANCE AND EFFECTIVENESS OF NURSE HANDOVER CHECKLIST CATEGORY: NEW DIMENSIONS IN PATIENT SAFETY

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ABSTRACT

Introduction: - The procedures for handover-takeover are usually different depending on the workplace. It is one of the important and helpful methods to transfer the information between nurses. **Methodology:** - descriptive design was used in this study. Data collection was done from 5527 samples from the inpatient departments. **Result:** - study shows that the handing over taking over checklist helps to provide complete information of the patient to other staff. **Conclusion:** - hence it is proved in this study that use of nurse handover checklist is an effective method of communication in nursing scenario.

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INTRODUCTION

The nursing change of shift report or handover is a communication that occurs between two shifts of nurses whereby the specific purpose is to communicate information about patients under the care of nurses (Lamond, 2000). It 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. High quality handovers are essential for safe healthcare and are used in many clinical situations. Miscommunication during handovers can lead to unnecessary diagnostic delays, patients not receiving required treatment, and medication errors. Miscommunication is one of the leading causes for adverse events resulting in death or serious injury to patients.

Objectives

- To implement the Nurse handover checklist for Nurses
- To find out the compliance and effectiveness of the Nurse handover checklist

Background of the study: Currie (2002) in a study undertaken within an A&E department identified the following problem areas of handover: • Information missed including patients missed out, poor nurse communication and handover not from the named nurse.

- Distractions including noise, interruptions and inattention of staff.
- Lack of confidentiality including no privacy at the nurses' station, relatives in close proximity.
- No handover at the start of the shift, and not receiving any handover at all (Currie, 2002).

Study conducted by Pother, D. et al. (2005) suggested that purely verbal type handovers are prone to serious data loss and that note taking plus verbal handover has serious weaknesses² Miller (1998) and Sexton et al. (2004) in their study concluded that there are four main styles of handover

- Verbal handover
- Tape recorded handover
- Bedside handover

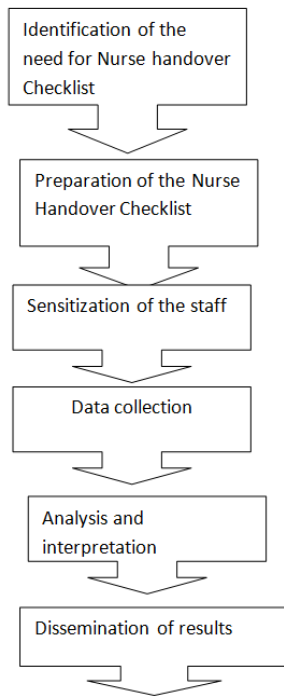
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- Written handover

A pre-prepared sheet containing patient details can be used as good method of handover (Miller, 1998) although this takes time to prepare. However, McKenna (1997) in Sexton et al. (2004) could not identify one single method as being superior.³

Design



METHODOLOGY

The aim of this study was to identify the compliance and effectiveness of Nurse handover checklist during shift rotation among staff Nurses. The research had a descriptive exploratory design with a qualitative content analysis approach. The duration of data collection was from the month of June 2018 to December 2018. The “Nurse handover Checklist “ consisted of 16 checkpoints which was taken over during each shift handover. The tool was prepared and validated by the experts. The handover occurred at the bedside of the patient. Tool consisted of the demographic details of the patient, co morbidities, Special events and investigations, medications and treatment sheet, costly medications, checking of the lines and tubes and assessment of patient in terms of pressure ulcer, IV line, etc and the bedside locker. Data collection was done from 5527 samples from the in patient departments.

Inclusion criteria: Inpatient department Nurses from wards, ICU and NICU

Exclusion criteria: OT, OPD Nurses and Accident and emergency department, Day care

RESULTS

It was identified that during the month of June, the compliance rate of handover was 60.1%, July 67.8%, August and September 75.6%, October 88.41%, November 89.7% and December the compliance rate being 94.44%.

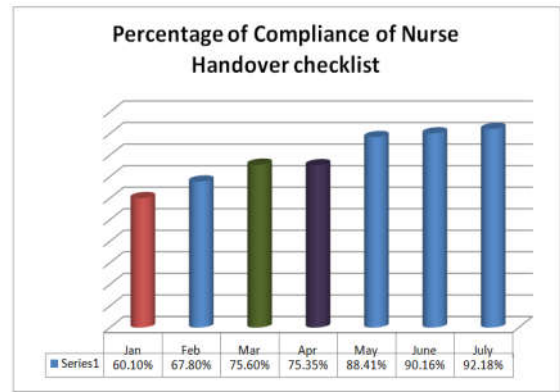


Figure 1. Percentage of compliance of Nurse Handover checklist

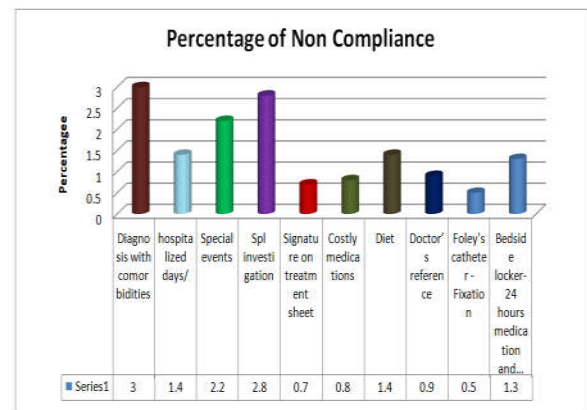


Figure 2. Percentage of Non compliance in the Nurse Handover Checklist

Table 1. Percentage of Non compliance in the handover checklist

Non compliances	Total	Percentage
Diagnosis with co morbidities	189	3
Number of hospitalized days and post procedure days	81	1.4
Special events (End tracheal fixation, incidents)	122	2.2
Special investigations and awaiting results	152	2.8
Medications and treatment sheet	43	0.7
Costly medications used for the patients	46	0.8
Diet	80	1.4
Doctor's reference	49	0.9
Foley's catheter -Fixation	30	0.5
Bedside locker- 24 hours medication and bedside articles	74	1.3

This indicates that the compliance rate has improved over the 7 months due to constant supervision and monitoring.

Non compliances

Conclusion

Using a standard handover checklist for communicating patient's information helps in comprehensive handover and take over of the patients. Moreover, it helps provide necessary information to other health care workers thus increasing the confidence level among the nurses. In other words, using shift handover protocols result in effective and regular inter-shift information communication which in turn, promotes the continuity of care.

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