Critical Care Nursing Discharge Summary

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@rie_critical_care
Where it all began...

NHS Scotland Flying Start

NHS Lothian Newly Qualified Practitioner Programme

Merge of ITU + HDU
Patients are often discharged with complex needs.

NICE guidance requires a ‘formal structured handover of care’.

Poor communication is a key factor in adverse events.
Previous research:
- Committing to standards improves reliability
- Poor documentation leads to breakdown in communication
- Human factors are a contributory factor in preventable harm and adverse events

Studies from other units:
- King’s College Hospital - 92% completion rate, 70% of which were of a good standard
- Hillingdon Hospital – 29% documented a verbal nursing handover
The Process

- Initial 3 week audit measuring compliance with documentation requirements
- Compliance much lower than expected!
Quality improvement team opinions

Re-audit compliance using specific parameters

% included in completed handovers
Our TRAK Handover Template

- Creation of a shortcut to auto-fill the template into ‘clinical notes’

- Prompts placed on all computers in the unit

- Introduction via unit’s daily safety briefing

Reminder – All patients must have a nursing handover documented on TRAK EPR prior to discharge.

Type /cnd in a progress note to add template

NEWS on discharge - including reason for score.

Nutritional needs – dietary status, TPN/NG feed etc.

Elimination – document if catheter in-situ and any removal plans (bowel and fluid charts placed in paper notes).

Skin – wound, drains and any pressure areas at risk.

Mobility – has the patient been mobilised with us/physio? How much assistance is required?

Medication – anything outstanding or currently in progress – PCA, insulin etc. Also note removal time of epidural if relevant.

Next of Kin – document if they are aware of transfer and any information such as passwords.

Any general concerns eg pain, ceiling of care, recently had bad news or any specific needs.
1 Month Post-Implementation

- 104 patient records audited over 3 week period

![Handover Compliance Chart]

- Pre-Intervention
- Post-Intervention
9 Months Post-Implementation

- Further 3 week audit period of 54 records
Overall Results

Handover Documentation Compliance

<table>
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<tr>
<th>Date</th>
<th>Compliance</th>
</tr>
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<tbody>
<tr>
<td>10/09/2018</td>
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</tr>
<tr>
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<td>70%</td>
</tr>
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<td>05/08/2019</td>
<td>80%</td>
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</tbody>
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Intervention Point
Lessons and Limitations

- Effective and simple project to improve communication, continuity and patient safety
- Initial challenges; creation of TRAK template
  - staff familiarity with the program
- Time pressures continue to be a barrier to completion
- Ongoing IT issues with reliability of PCs/laptops
- Change is now imbedded in best practice so should be sustainable as our unit continues to expand
References


