The introduction of a pause, hands-off handover to enhance quality and safety of care within an ICU setting

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Background
Intra hospital transfer of the critically ill patient is a common occurrence, and carries with it inherent risks both during transfer and on arrival to destination. One high risk area for patient safety is the patient handover during the admission process. The National Patient Safety Agency (2007) suggests that effective communication is a key factor in improving clinical practise and patient outcome. (1). National Institute for Health and Care Excellence (2007) supported these findings and recommended that both nursing and medical staff use a formal structured PAUSE handover (A team standstill hands off approach to promote active listening during the SBAR handover by the clinician) supported by a written plan. (2).

Aim
We were aware that within our ICU any deficiencies in the departure / admission handover process could potentially lead to dangerous errors in patient management and care. Therefore an introduction of a PAUSE hands off handover was our response to these issues. Our aim was that 95% of patients admitted into Crosshouse ICU will be admitted / transferred using a “Pause” Hands off handover using an SBAR format by Oct 2017. Our objective was to improve patient safety and MDT communication. This keeps in accordance with the 2020 Vision of Health and Social Care (2011) that care will be provided to the highest standards of quality and safety.

Methods
Using improvement methodology/ Model for Improvement we devised a driver diagram defining our improvement plans.

Phase 1 –
Learning Needs Analysis to determine staff opinion, knowledge and requirements

Phase 2 –
Staff education and awareness – an education pack and video was rolled out to all staff.

Phase 3 –
Introduction of PAUSE and adapted SBAR using PDSA Methodology

Phase 4 –
Monitoring Compliance and Outcome
Measure We developed process/outcome measures to allow us to evidence if our change had resulted in an improvement:

Outcome Measure:
• % of patients admitted to ICU where a pause was used
• % of patients admitted to ICU where an SBAR was used

Process Measures:
• % of staff who have had education on the pause approach
• % of SBAR admission documents available / verbal handover that were of high quality

Outcomes/Results
The PAUSE and structured formal handover is now fully embedded within our ICU. Handovers are more effective, safe and enhance our current everyday practise and improve patient safety.

Furthermore anecdotal evidence is suggestive of increased staff satisfaction following the introduction of the PAUSE.

Forward Steps
Following the success of our PAUSE handover we have now developed a PAUSE before Departure sticker for patients being discharged from our ICU to another hospital or clinical area. Again anecdotally we feel this has greatly improved the flow of transfers, offers structure to less experienced staff (nurses and medical staff) all of which ultimately improve the safety of our patient prior to leaving the unit. We are measuring compliance with this process to evaluate the success.

References