



ISSN: 2230-9926

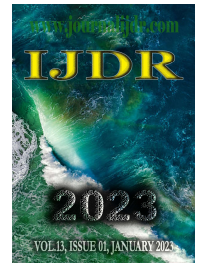
Available online at <http://www.journalijdr.com>

IJDR

International Journal of Development Research

Vol. 13, Issue, 01, pp. 61460-61464, January, 2023

<https://doi.org/10.37118/ijdr.26199.01.2023>



RESEARCH ARTICLE

OPEN ACCESS

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

*¹Swarnalata Patro and ²Maryline Flinsi, D

¹Clinical Instructor, Nursing, Apollo Hospitals, Bhubaneswar, India

²Principal, Apollo school of Nursing, Indraprastha Apollo Hospital, New Delhi, India

ARTICLE INFO

Article History:

Received 09th November, 2022

Received in revised form

29th November, 2022

Accepted 14th December, 2022

Published online 27th January, 2023

KeyWords:

ISBAR (Identification Situation Background Assessment & Recommendations), Clinical Handoff, Patient safety, Compliances, IP(In-patient), ACT (Accuracy & completion of hand-off check Tool).

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 Tool).

*Corresponding author: Swarnalata Patro

Copyright©2023, Swarnalata Patro and Maryline Flinsi, D. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Citation: Swarnalata Patro and Maryline Flinsi, D. 2023. "Compliance to clinical handoff communication and its impact on patient safety in hemodialysis units", International Journal of Development Research, 13, (01), 61460-61464.

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

Compliance with ISBAR communication (from July 2022 to September 2022).				N=150
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

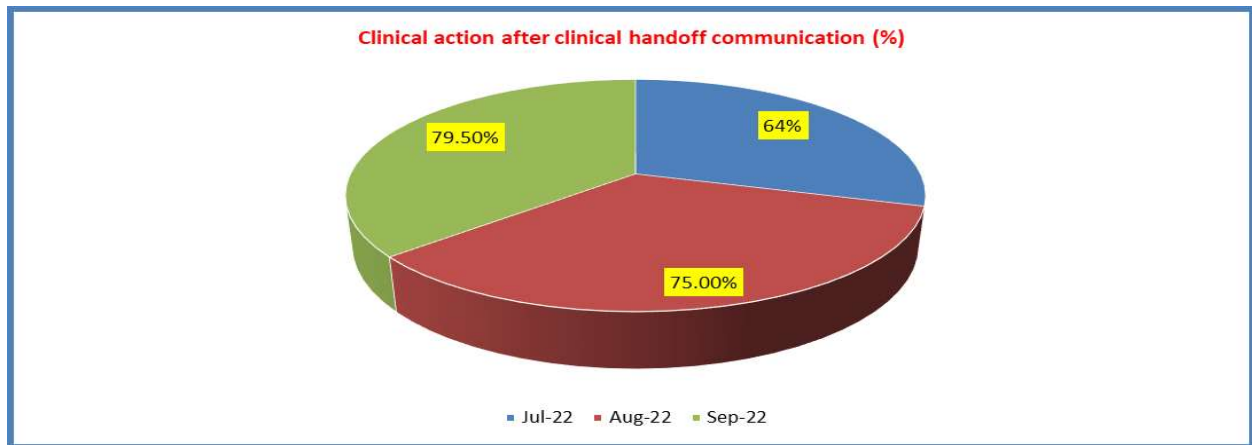


Figure 2. (Clinical Action after Clinical Handoff Communication)

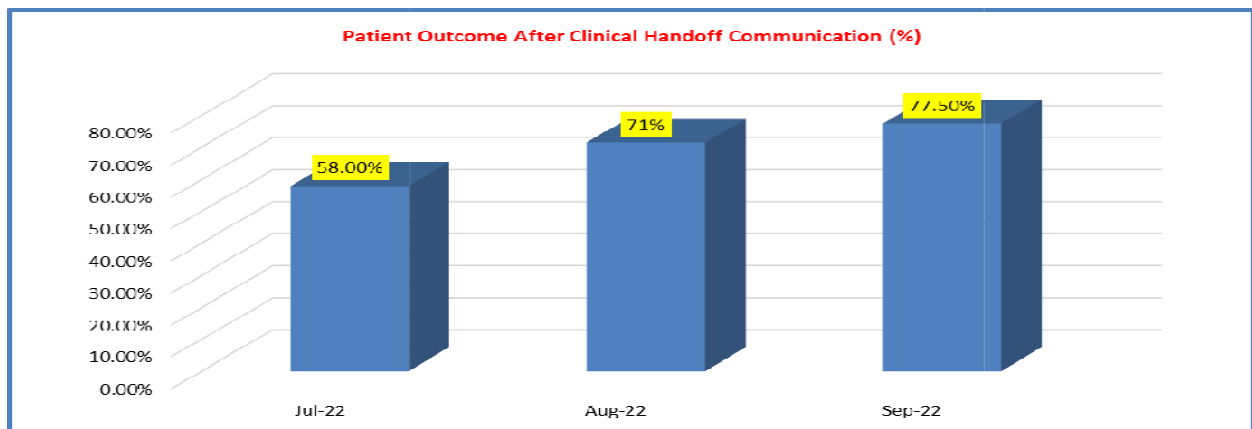


Figure 3. (Patient Outcome After Clinical Handoff Communication)

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% in July 75% in August and 84% 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 communication & all health care team need continuous follow-up & compliance checks through ACT (Accuracy & completion of hand-off check Tool).

Appendix

1. ISBAR format

I	<p>Identification Namaste I amUnit..... Am I speaking to Dr I am calling for patient (Two identifiers) Full Name <i>Mr./Ms</i>..... UHID</p>																												
S	<p>Situation I have just assessed the patient and I am little concerned about patient's condition <i>Vitals are</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"><i>Temp</i></td> <td style="width: 33%;"></td> <td style="width: 33%;"><i>Pulse</i></td> <td style="width: 33%;"></td> </tr> <tr> <td><i>Resp</i></td> <td></td> <td><i>B P</i></td> <td></td> </tr> <tr> <td><i>SPO2</i></td> <td></td> <td><i>O2 on flow</i></td> <td></td> </tr> <tr> <td><i>I/V fluid</i></td> <td></td> <td><i>Drain</i></td> <td></td> </tr> <tr> <td><i>RBS</i></td> <td></td> <td><i>Intake</i></td> <td></td> </tr> <tr> <td><i>Output</i></td> <td></td> <td><i>Lab/Radiology reports</i></td> <td></td> </tr> <tr> <td><i>Others</i></td> <td></td> <td></td> <td></td> </tr> </table> <p>For E.g <i>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 as 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 patient is on oxygen at the rate of 2 l/min and current SPO2 is 92%.</i></p>	<i>Temp</i>		<i>Pulse</i>		<i>Resp</i>		<i>B P</i>		<i>SPO2</i>		<i>O2 on flow</i>		<i>I/V fluid</i>		<i>Drain</i>		<i>RBS</i>		<i>Intake</i>		<i>Output</i>		<i>Lab/Radiology reports</i>		<i>Others</i>			
<i>Temp</i>		<i>Pulse</i>																											
<i>Resp</i>		<i>B P</i>																											
<i>SPO2</i>		<i>O2 on flow</i>																											
<i>I/V fluid</i>		<i>Drain</i>																											
<i>RBS</i>		<i>Intake</i>																											
<i>Output</i>		<i>Lab/Radiology reports</i>																											
<i>Others</i>																													
B	<p>Behaviour The patient condition is The mental status is: Alert and oriented to person, place and time <input type="checkbox"/> Confused co-operative non co-operative <input type="checkbox"/> Agitated or combative <input type="checkbox"/> Lethargic but conversant but able to swallow <input type="checkbox"/> Comatose Eyes closed <input type="checkbox"/> Not responding to stimulation</p>																												

A	<p><u>Assessment</u></p> <p>This is what I think the problem is</p> <ul style="list-style-type: none"><input type="checkbox"/> The patient condition is deteriorating<input type="checkbox"/> The patient seems to be unstable and may get worse.
R	<p><u>Recommendation</u></p> <p>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.</p>

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
