

The transfer of the critically ill patient from Emergency Department to the Intensive Care Unit: nursing perceptions of the patient handover process.

Brian McFetridge

Vidar Melby

Mark Gillespie

Debbie Goode



Background

- Important mechanism for sharing patient information
- Lack of literature pertaining to ‘handover’ of patients moving from ED to ICU
- Our experience was of various approaches to handover of the critically ill patient between the departments

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Role and function of '*handover*'

- The sharing of patient information
- Continuity of care
- Protection of the patient
- Clinical Education
- Group collaboration
- Social support for staff
- Demonstration of knowledge and expertise
(LeLean 1973, Strange 1996, Lally 1999, Kerr 2002)

Aim of study

- The aim was to explore the process of patient handover between ED and ICU nurses when transferring a patient from ED to the ICU.

Methodologies

- Focus groups
- Individual interview
- Review of documentation

Sample

- Sample was taken from 2 acute hospitals
- 2 focus groups
 - 2 nurses from ED and 2 nurses from ICU in each focus group
- 12 individual interviews
 - 6 from ICU and 6 from ED

Data Analysis

- Manual content analysis
- Identified categories and themes, using a constant comparative approach
- Issues were compared with previously identified issues, and eventually combined into themes

Identified Themes

- The pre-transfer period
- Arrival of the patient to the ICU
- Information giving and receiving
- Influence of experience and attitude of nurses
- Patient Handover: a critical event

The pre-transfer period

- Blurring of roles during the handover process
- When does the handover begin?

*‘Basically before we leave medical Resus we need to be starting from there. I don’t think it is quite good enough doing it as soon as we arrive through the doors of ICU.’
(ED-3-1)*

The pre-transfer period cont...

- Perceived lack of control

'I think sometimes you are left in limbo when you are an ED nurse because you have lack of control, you have no control of the transfer process except in getting the equipment and personnel. To actually try and control the time of the transfer you are depending on the anaesthetist liaising with the ICU nurse, hoping somehow the information will get back to you.'
(ED-FG-B)

Arrival of the patient to the ICU

- The sense of being overlooked
 - ‘Sometimes, the ED nurse will stand back when we are transferring the patient, maybe they don’t feel included?’ (ICU-FG-C)*
- Gathering all available information

Arrival of the patient to the ICU

- The need for identified and uninterrupted time

'If it is very rushed and there is nobody around and you are trying to attach a patient to a monitor plus trying to half hear half a handover- there are distractions that will influence it.' (ICU-2-2)

'Maybe if we were to take the actual nurse to nurse hand-over away from that, get the patient settled first and then go somewhere probably quieter where you can sit down and hand over in a less chaotic environment, might possibly be something that can be improved.' (ED-2-1)

Information giving and receiving

- Lack of consistency and structure in the handover
- Prioritising and recognising importance of information
‘depends on the nurse that is there coming in from ED, what she feels important to tell you at that time.’ (ICU-1-1)

‘It (the patient’s details) can be very patchy.’ (ICU-3-1)

‘Things come into your mind that you have forgotten to ask or they have forgotten to tell you, so if you had some sort of structure to it then that would be...you would know that you had covered everything.’ (ICU-1-1)

Influence of experience and attitude of nurses

- The positive influence of experience

'I imagine the skills and experience of both the nursing and medical personnel would influence what they were able to prioritise as important information and subsequently who delivered it. Familiarity with the type of patients that we were dealing with you know would give them insight into what they needed to ask.'
(ICU-3-2)

Influence of experience and attitude of nurses

- The sense of being ‘sidelined’

‘I think one of the things that needs to be encouraged is both parties being, how would you put it...not ‘friendly’ but more personal and being equal partners and not one group of nurses knowing more about a patient’s care. I think ICU nurses tend to have this sort of elitist...as do ED nurses in their own field. I think it needs to be said somewhere along the line that both nurses are critical care nurses at diverse ends of critical care.’(ICU-3-1)

Patient Handover: a critical event

- Influence on quality and safety

'It just gives them (ICU Nurse) much more control of the scenario and much more control of their treatments and they don't have to go searching for what has happened before and how they have responded before and things like that. So I think it empowers them to look after the patient better.'

(ED-2-2)

- An essential portfolio of detail

'If you get poor information you can't make informed judgements about the patient and therefore have implications for treatment' (ICU-3-2)

What next?

- Recognition of ‘handover’ as an important event in ensuring continuity of care, safety and teamwork
- Increased involvement of staff in the pre-transfer phase
- Need for structured framework
- Supporting documentation without increasing amount of paperwork
- Multi-disciplinary collaboration
- SBAR

- *‘Well basically it’s a process, it’s like handing a baton over in a race. I have taken the patient so far and now I’m handing the patient over to you. So I’ll exchange all the information I have up to that present moment in time so that you have the same amount of information that I have for you to continue on in the process of patient care.’
(ED-2-1)*

