

AUDIT ON THE QUALITY OF HANDOVERS OF A PSYCHIATRIC LIAISON TEAM IN THE UK: A SHORT REPORT

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SUMMARY

Background: The importance of handovers has been recognised and proven in clinical practice. In liaison psychiatry, this is particularly important due to the high turnover of patients seen, the shift work pattern and the number of member staff engaging in this process. An Audit on the Quality of Handovers was carried out within a Psychiatric Liaison team of a General hospital in UK with an intention to review and improve this.

Method: Handovers were evaluated against the gold standard of the SBAR tool (Situation/Background/Assessment/Recommendations) over a period of 4 weeks. Handovers were assessed by 2 members of staff (a Consultant & a Specialty doctor). Data was analysed using Microsoft Excel.

Results: Results showed that the team's handover practice is mostly "Good" but there was also an amount of "Poor" under "Situation & Background", mostly presented by mid-grade doctors & trainees. Nurses scored higher than medics on overall rating, nearly 50%. This could be attributed to the fact that handovers form an essential & integral part of Nurse's training & culture. Also mid-grade (staff grade) doctors have had a significant amount of "excellent" scoring that other groups didn't have, mostly on the Assessment & Recommendations domains, which can be attributed to the fact that importance is stressed more on the assessment & treatment module by the doctors.

Conclusion: The multi-disciplinary composition of the liaison psychiatry team has a positive impact on the patient care. This audit has revealed overall good communication amongst the members of the team, nevertheless one that needs some improvement, particularly amongst the doctors. Doctors tend to focus on the remedial (assessment & treatment) module rather than the holistic approach. SBAR remains an effective & handy tool to improve the handover quality. A re-audit will be carried out in 6 months time to assess the improvements observed following the implementation of this new tool.

Key words: Clinical Handovers audit - Psychiatry Liaison Handovers - SBAR in Handover sessions

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INTRODUCTION

Liaison Psychiatry is a Psychiatric/ Medical subspecialty with the relevant multidisciplinary teams usually being based in general hospitals. The syndromes being dealt with include delirium & dementia, mood anxiety and psychotic syndromes, personality disorders, self-harm and suicidal behaviour, psychological problems stemming from terminal illness, neuro-psychiatric disorders, medically unexplained symptoms, sleep disorders, psychological issues related to bereavement and adjustment, behaviours interfering with medical or surgical treatment and chronic pain (Leentjens 2011).

Contemporary Liaison Psychiatry teams in the United Kingdom inevitably work in shift patterns as they are usually part of a 24 hour service. Shift pattern work in any healthcare setting increases the risk of information being missed or miscommunicated, with multiple members of staff being involved in patient care over a 24 hour period. This is why it is of great importance to give clinical handovers the gravity they deserve within the context of a healthcare system.

A quality improvement project recently done at one of the biggest and oldest Liaison Psychiatry teams in the UK, showed that prior to the implementation of certain standards, the quality of handovers was quite poor with significant information missing (Brook 2016).

A very good definition of clinical handovers has been given by the National Patient Safety Agency as "the transfer of professional responsibility and accountability for some or all aspects care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis" (NPSA, 2004).

The SBAR (Situation- Background- Assessment- Recommendation) technique/ tool was developed by Michael Leonard and his colleagues Doug Bonacum and Suzanne Graham at Kaiser Permanente of Colorado (IHI, 2017). It is essentially a framework for use amongst healthcare professionals in order to optimise communication for safer patient care and a sufficient toolkit to ensure good handover quality. It has been suggested in the literature that SBAR is a good method to avoid omitting patient information during handovers, which is not uncommon (Flemming 2013).

In terms of the content of the SBAR components, 'Situation' is designed to describe the reason for presentation and current state of patient, 'Background' would give information on patient's past history that is relevant to current situation, 'Assessment' gives the details of the findings of the assessor having seen the patient and an overall impression, whereas 'Recommendation' invites the member of staff to suggest action based on the previous components.

Regularly evaluating the quality of handovers is essential for every psychiatric liaison team in order to ensure that standards of care are being met. This is the reason why we decided to perform this audit as a starting point in improving the communication within the team, by identifying good practice and areas that need improvement.

METHODS AND AIMS

An audit was carried out in the psychiatric liaison service of a general university hospital in the United Kingdom to establish the quality of its handovers with regards to the information that is being communicated. The team essentially has four to five handover meetings per day, with the one happening at 1pm in the afternoon usually being the most comprehensive. The audit involved assessing the handover process reported by team members to each other and was carried out over a period of 4 weeks during these more comprehensive afternoon handover sessions.

The method involved observing the member of staff handing over during a regular handover session, with an average of 9 members of staff being present in the room. Observed members of staff included Consultants on 7 occasions; Specialist (SAS) doctors on 14 occasions; Senior psychiatric nurses on 7 occasions; Core trainees on 5 occasions and & Student nurses on 2 occasions. The latter were grouped together with the nursing staff because of the low frequency they were observed but also the lack of difference in the quality of their handovers, which was felt wouldn't skew the results.

The observation was carried out by two designated members of staff, a consultant (MF) and a specialty doctor (TK). 12 handover sessions were rated in total by the consultant and 23 were rated by the Staff Grade doctor.

The gold standard used for this project was the method of SBAR (Situation/Background/Assessment/Recommendation). The ratings took place using a qualitative Likert scale across a spectrum of 'Poor', 'Good' (Satisfactory), 'Very Good' and 'Excellent'. Data were analysed using Microsoft Office excel spreadsheets and the focus was mainly to observe the interdisciplinary differences in the quality of handovers, the differences in quality according to the setting of the assessment and the follow up vs new assessment differences.

The aim of this project was to compare current practice of handovers against the set gold standard of SBAR with the view to identify good practice in the process of handovers as well as practices that need to be improved. This was undertaken in order to make the handovers of the clinical details of the patients more precise in order to improve the care administered to the patients.

RESULTS

The results of this audit focused on the quality of information that was communicated compared with the gold standard of the SBAR method.

The age group of the patients whose handovers were assessed was 16+ with no upper limit, which is the age group of patients that the team's operational policy stipulates. A total number of 35 patients' handovers were assessed. 24 were follow-up cases, 10 cases were to be newly assessed & 1 case was unclear if it was follow up or an assessment. Out of the above 35 cases, 25 cases were from the wards; 9 were referred from the A&E/ED & 1 case was not recorded.

With regards to Situation rating, scoring was mostly in the range of "Good" with nobody's handover being evaluated as "Excellent" (Figure 1). A percentage of the SAS doctors' and Trainee's handover was scored "Poor" (7.1% and 20% respectively), whereas nurses scored the highest percentage on "Very Good" (44.4%) (Figure 2).

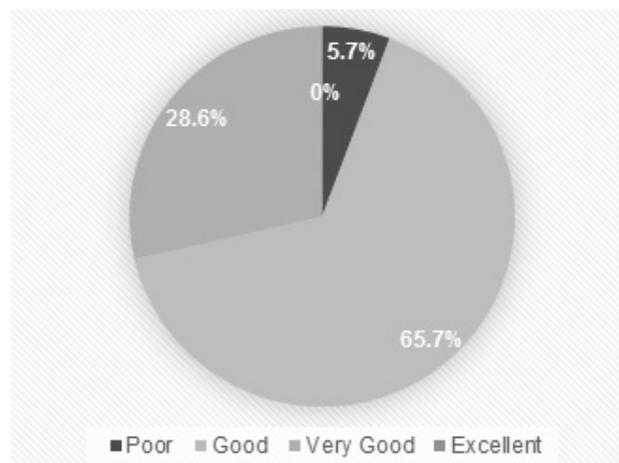


Figure 1. Situation rating

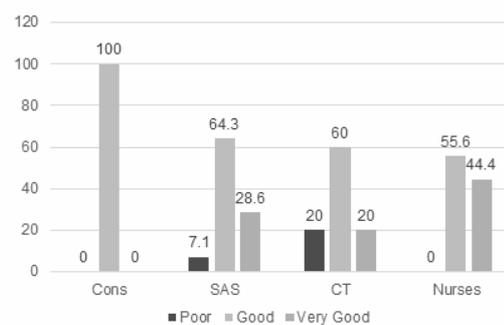


Figure 2. Situation rating

This demonstrates for Specialist doctors & trainees mainly lack of knowledge of what prompted the patient's referral to the liaison team and could also demonstrate the decreased interest in knowing the importance of the patient's visit to an ED/A&E setting, which is an interesting finding.

With regards to Background rating, the results were mostly in the range of "Good" for most staff members (Figure 3). SAS doctors had a 14.3 % of "Poor" scoring in contrast with 0% for the other disciplines (Figure 4). This could reflect a lack of perceived importance of background knowledge regarding the patient.

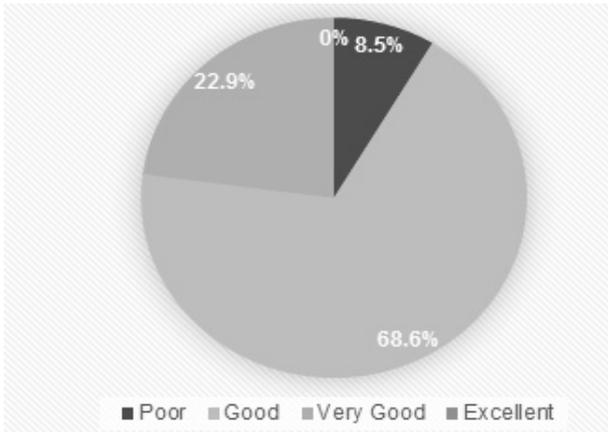


Figure 3. Background rating

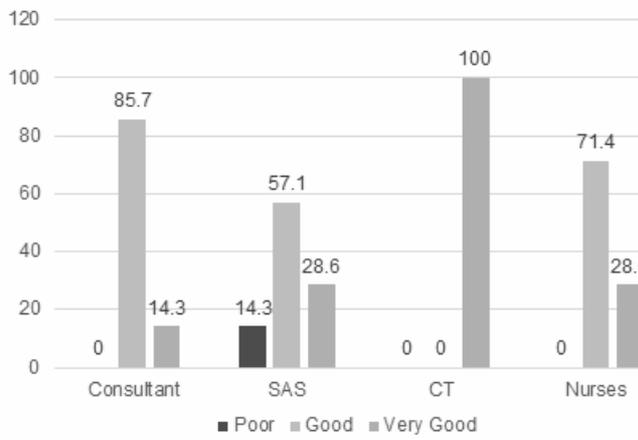


Figure 4. Background rating

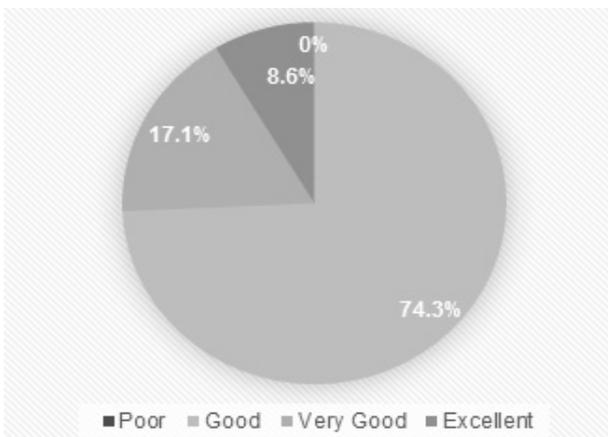


Figure 5. Assessment rating

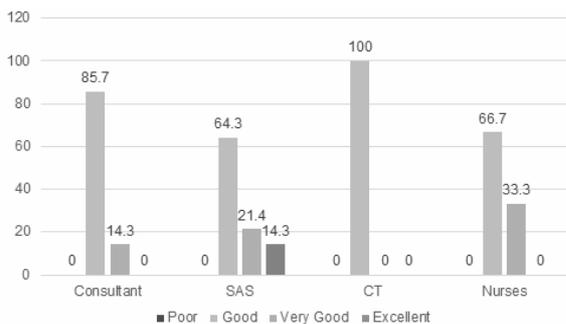


Figure 6. Assessment rating

By contrast, SAS doctors scored ‘Excellent’ 14.3% of cases under the Assessment & Recommendation domains, which could be attributed to the fact that importance is mainly stressed on the assessment & treatment rather than situation & background (Figures 5, 6, 7 & 8).

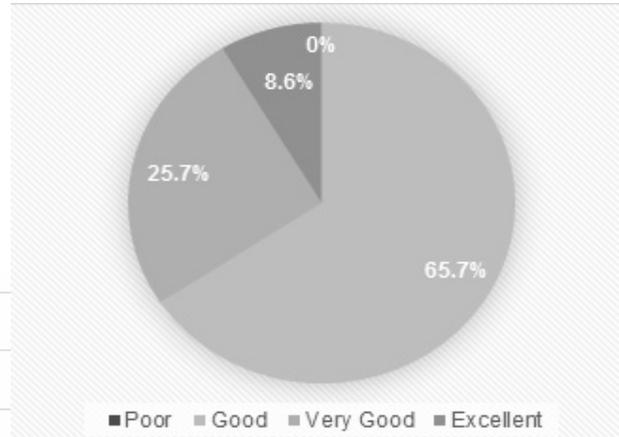


Figure 7. Recommendation rating

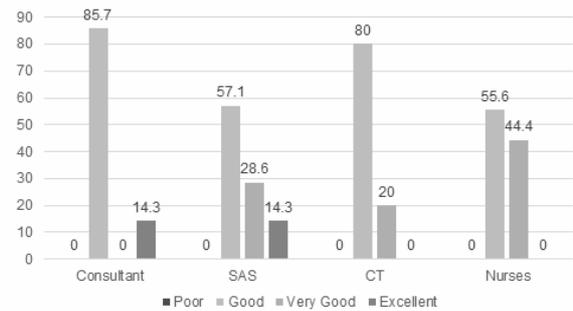


Figure 8. Assessment rating

On overall rating, nurses scored higher than doctors (nearly by 50%). This could be attributed to the fact that Handovers are an integral & essential part of the nursing training & culture. Doctors usually seem to give importance to handing over details of patients who are critically ill & overlook the handovers of stable patients. Most of the doctors rely mostly on documentation in the patient’s notes regarding pertinent details of the patients and they seem to take for granted existing information that may be perceived as irrelevant for the current management of the patient and thus they are being omitted (Figure 9). Consultants mostly were evaluated “Good” or “Very Good” with some “Excellent” scoring when it came to Recommendation which was expected.

44.1% of A&E assessments were evaluated as “Very Good” overall and 11.1% as “Excellent” compared to 20% “Very Good” assessments from the wards. This probably reflects the fact that professionals have the notion that other members of the team are already aware of the background of the patient when it has been a follow up assessment rather than an initial assessment. This attitude however dismisses the pattern of shift work within the team.

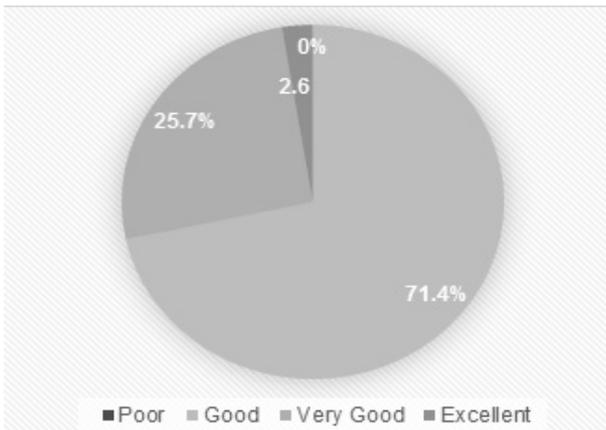


Figure 9. Overall rating

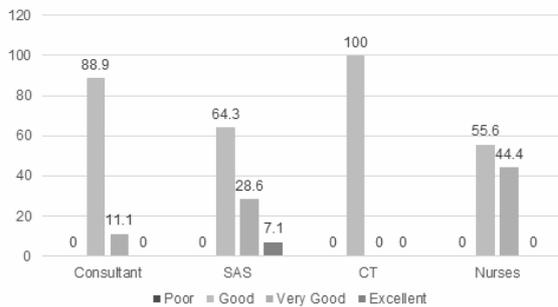


Figure 10. Overall rating

CONCLUSION & DISCUSSIONS

An Inter-Shift Handover is defined as “the transfer of professional responsibility & accountability for some or all aspects of a patient or group of patients to another person or professional group on a temporary or permanent basis” (Poh 2013).

In effective handovers could result in disruption of the patient’s care and loss of information as well as inadequate treatment, wrong diagnosis and increased length of stay (Poh et al. 2013). Hence it has been identified that timely & effective handovers ensure continuity of & safe delivery of patient care.

The multi-disciplinary composition of a liaison psychiatry team has a positive impact on the patient care. They usually comprise of medical doctors (Consultant Psychiatrists; Staff Grade doctors & Trainees), senior psychiatric nurses, psychologists, social workers & managers. The approach is very holistic in terms of patient management, which results in integrated patient care. The patient’s medical/psychiatric/bio-psycho-social aspects are usually met by the doctors. Mental Health Nurses approach patient care from a psycho-social aspect & patients’ nursing needs. Managers approach patient care from an operational yet person centred approach (for e.g. meeting targets; minimising breaches; data compiling & keeping etc.)

This audit has revealed overall good communication amongst the members of the team, nevertheless one that needs improvement, particularly amongst the doctors (Figures 9 & 10).

The Royal College of Physicians suggests that doctors can learn from other disciplines, particularly nurses, who are more used to shift work and hence effective handovers (RCP, 2011).

The audit results have been presented and discussed at the weekly team meeting, inviting staff members to comment on their thoughts with regards methods for improvement. The discussion focused on the discrepancy of results amongst different disciplines. It was thought that nurses may deliver a more holistic handover due to the nature of their training but also the nature of their work throughout their career being shift patterned. Doctors tend to focus on the “here and now” presenting problem focusing mostly on ways they can help the patient in terms of giving accurate diagnosis and treatment and sometimes tend to dismiss prior history.

The SBAR method was discussed and agreed to be the main way of communication during handover sessions. Staffs were educated on the use of this simple tool. Possible implementation of keeping a written record was also discussed as a measure that can be considered in the future, although it was thought to be very time consuming and difficult to keep accurate with the fast turnover of cases seen within the liaison setting. It was also thought that since there is an electronic record already in place for each patient, keeping a written handover record may duplicate work, adding onto the existing high workload for all professionals.

Our aim is to re-audit the handover sessions in six-month’s time, following the implementation of this new approach.

Appendix 1. Assessment Chart Sample

AUDIT ON QUALITY OF HANDOVERS OF THE LIAISON PSYCHIATRY TEAM AT LUTON & DUNSTABLE HOSPITAL				
Rater's initials:		Patient's NHS No:		
Date of handover:		AM/PM:		
How many members of staff in the room:				
Designation of member of staff presenting:				
Case presented: Assessment / Follow up (please circle)				
A&E / WARD				
	Poor	Good (satisfactory)	Very Good	Excellent
Situation				
Background				
Assessment				
Recommendation				
Overall rating of handover (please circle):				
	Poor	Good (satisfactory)	Very Good	Excellent

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Conflict of interest: None to declare.

Contribution of individual authors:

Trupti Koli carried out data collection, the conception of the project, analysis and writing of the paper was carried out equally by both authors.

Maria Filippidou supervised the project.

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