Mr Joshi Sunil (India)

Implementation of I-SHARED model for improving effective handover communication

Shree Krishna Hospital, Karamsad, Anand, Gujarat

(A constituent of Bhaikaka University)

Implementation of ISHARED model for improving effective handover communication among nurses

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INTRODUCTION

Shree Krishna Hospital established in 1981

1000 beds - A Rural Tertiary Care Teaching Hospital

5 ICUs, Cancer and Cardiac Center

A physician led governance structure

550 Nurses

70 Paramedics

INTRODUCTION- Clinical Handover

"The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary and permanent basis".

ACSQHC (Australian Council for Safety and Quality in Health Care) recognized clinical handover as an important factor for continuity of patient care and safety

Communication errors

- One of the top 5 contributing factors for sentinel events in USA [Andrews C, Millar S. et al, 1995- 2006 (Don't fumble handoff)]

Communication failure.

- 20% of all reported public hospital sentinel events
- Staff to staff communication failure occurs in 13.7% of all sentinel events in Australia
- (First Queensland Health report on clinical incidents and sentinel events, 2007)

PROBLEM DEFINITION- Before Implementation

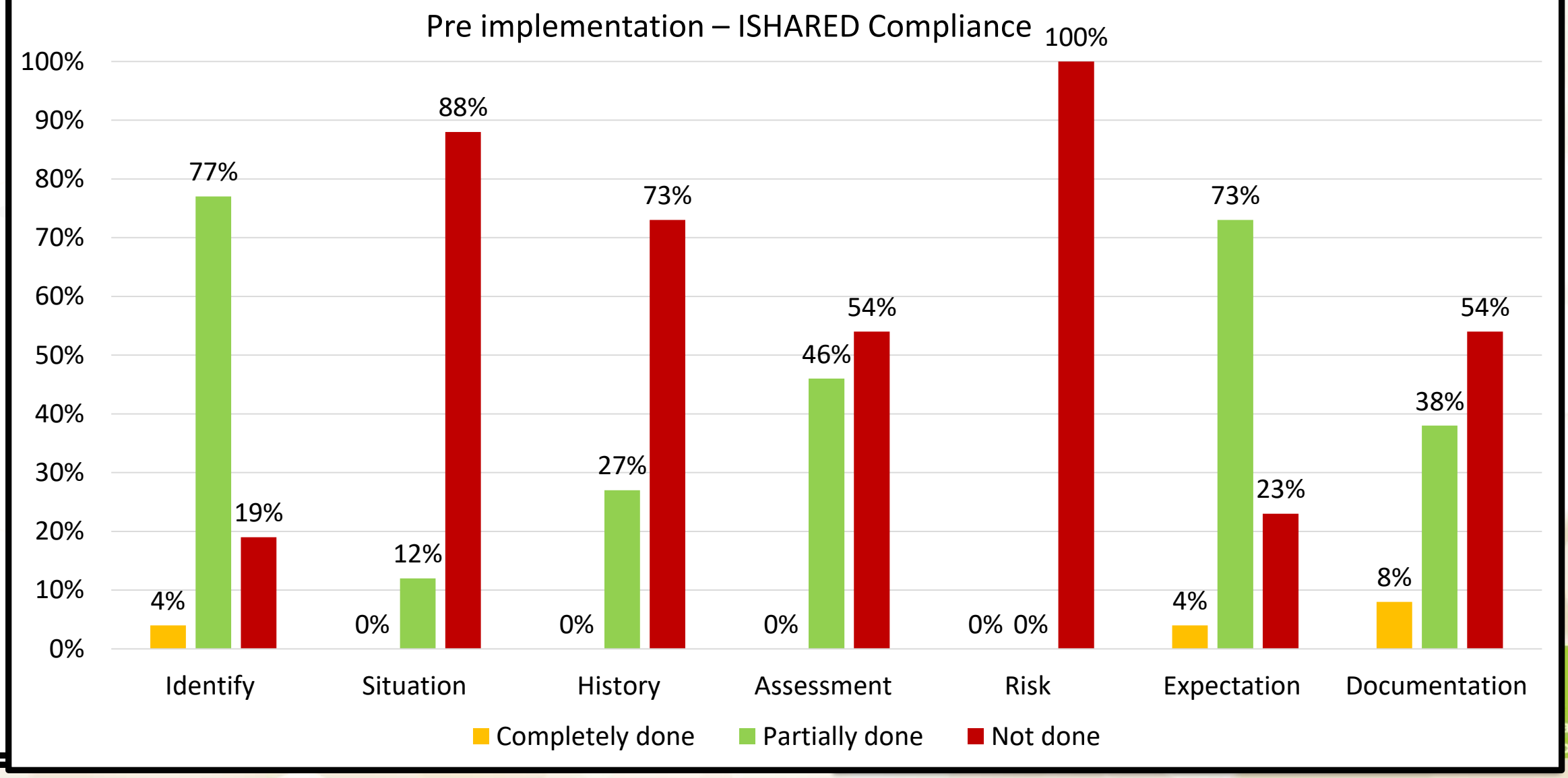
1. Informal bedside handovers

2. Lack of involvement of In-charges

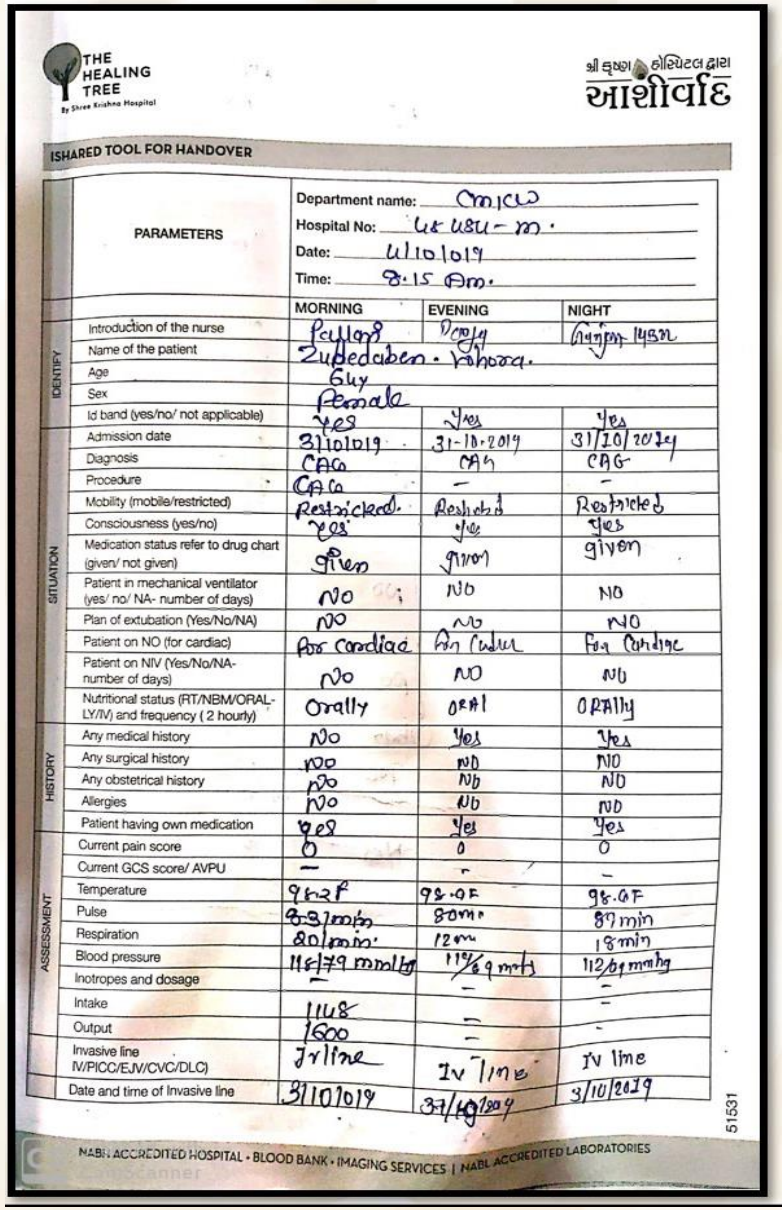
3. Incidents of communication errors/ incomplete handover not known

4. Varied methods across the board and, lack of standardization

PROBLEM DIAGNOSIS



PROBLEM REMEDY



THE HEALING TREE
By Shree Krishna Hospital

શ્રી કૃષ્ણ હોસ્પિટલ દ્વારા
આશીર્વાદ

ISHARED TOOL FOR HANDOVER

Department name: CMICW
Hospital No: 48 484 - M.
Date: 4/10/019
Time: 8.15 Am.

	PARAMETERS	MORNING	EVENING	NIGHT
IDENTIFY	Introduction of the nurse	Pallavi	Pooja	Gunjan 1432
	Name of the patient	Zubedaben. Vohora.		
	Age	64y		
	Sex	Female		
	Id band (yes/no/ not applicable)	Yes	Yes	Yes
SITUATION	Admission date	31/10/019	31-10-2019	31/10/2019
	Diagnosis	CAG	CAG	CAG
	Procedure	CAG	–	–
	Mobility (mobile/restricted)	Restricted.	Restricted	Restricted
	Consciousness (yes/no)	Yes	Yes	Yes
	Medication status refer to drug chart (given/ not given)	given	given	given
	Patient in mechanical ventilator (yes/ no/ NA- number of days)	NO	NO	NO
	Plan of extubation (Yes/No/NA)	NO	NO	NO
	Patient on NO (for cardiac)	For cardiac	For cardiac	For cardiac
	Patient on NIV (Yes/No/NA- number of days)	No	NO	NO
	Nutritional status (RT/NBM/ORAL-LY/IV) and frequency (2 hourly)	Orally	ORAl	ORAlly
HISTORY	Any medical history	No	Yes	Yes
	Any surgical history	NO	NO	NO
	Any obstetrical history	NO	NO	NO
	Allergies	NO	NO	NO
	Patient having own medication	Yes	Yes	Yes
ASSESSMENT	Current pain score	0	0	0
	Current GCS score/ AVPU	–	–	–
	Temperature	98.2F	98.0F	98.0F
	Pulse	83/min	80min	87 min
	Respiration	20/min.	12min	18 min
	Blood pressure	118/79 mmHg	119/69 mmHg	112/69 mmHg
	Inotropes and dosage	–	–	–
	Intake	1148	–	–
	Output	1600	–	–
	Invasive line IV/PICC/EJV/CVC/DLC)	Ivline	Iv line	Iv line
	Date and time of Invasive line	31/10/019	31/10/2019	3/10/2019

51531

NABH ACCREDITED HOSPITAL • BLOOD BANK • IMAGING SERVICES | NABL ACCREDITED LABORATORIES

	Close Suction (Yes/NO/NA) and Number of Days	NO	NO	NO
	Drainage tubing's	NO	NO	NO
	Catheterization Foleys Condom SPC NA	NO	NO	NO
	Safety measures ✓ Side rails up ✓ Do not leave patient alone ✓ Adequate lighting ✓ Dry floor ✓ Call bell in reach	yes	yes	yes
RISK	Early warning score	NO	NO	NO
	Universal precautions (Yes/N/NA)	NO	NA	NA
	Fall Risk (High/Low/No Risk)	low	low	low
	Restraint precautions (Yes/No	NO	NO	NO
	Braden's scale scoring (Severe/Moderate/Low)	low	Low	Low
	PUSH Scale (Yes/ No/NA)	NO	NO	NO
	Back care (Duration)	each shift	each shift	each shift
	Comfort Positions (Duration)	Yes	yes	yes
	Any drug Reaction or Event	NO	NO	NO
	HAI identified VAP CLABSI CAUTI SSI NA	NO	NO	NO
EXPECTATION	Post OP Orders NBM Position as per the need Oxygen Administration AG Charting Vital Monitoring (hourly, two and four hourly) Imaging (Yes/No)	NO Qhrly	1hrly	1hrly
	Advise or plan of discharge (Yes/ No)	NO	NO	NO
DOCUMETATION	File entries (for MLC Cases) (Yes/ No)	NO	NO	NO
	Consent taken (Yes/No)	Yes	yes	Yes

Any Specific information

I SHARED			
HAND-OVER	Vruksha	Pallavi	Pooja 1134
TAKE-OVER	Pallavi 1432	Pooja 1134	Gunjan 1432

Scanned with CamScanner

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LOCKING THE IMPROVEMENT

Assessment- All observations, invasive lines, wounds test results, bed side scanning for general observation was performed

0	1	2
○	○	○

Risk- Alerts, infections, risk assessments (fall, pressure ulcer) and action plan is explained

0	1	2
○	○	○

Expectation- Any Post op orders, treatment plan, clinical advice, discharge planning is informed

0	1	2
○	○	○

Documentation- Checked that all the clinical records are appropriately completed.

0	1	2
○	○	○

Results
ared with
Nursing
charges –
monthly

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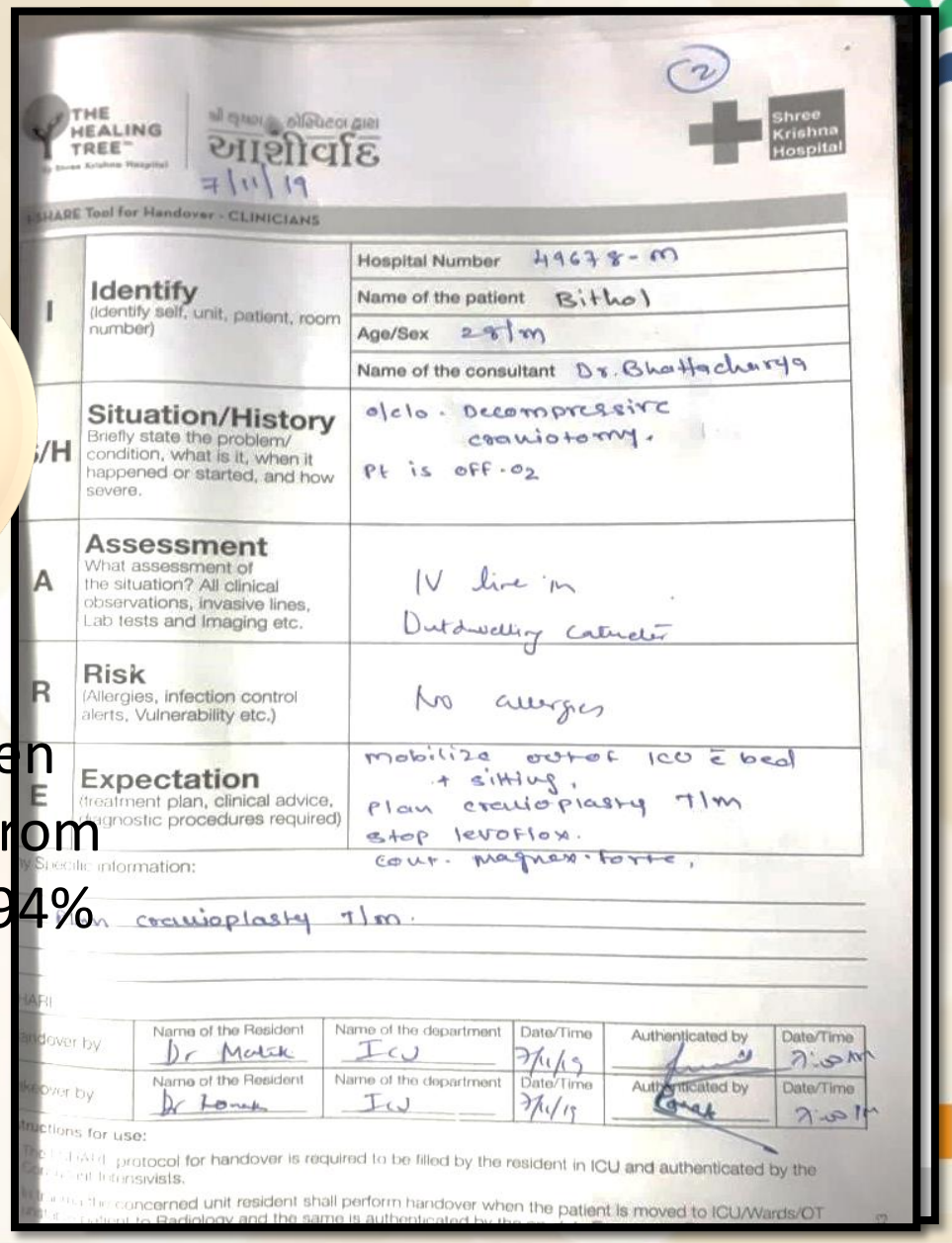
CLONING THE IMPROVEMENT

So far 8188 opportunities have been audited for shift handovers

There has been improvement from 22% to above 94%



THE HEALING TREE

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Shree Krishna Hospital

7/11/19

SHARE Tool for Handover - CLINICIANS

I	**Identify** (Identify self, unit, patient, room number)	Hospital Number 49678-M Name of the patient Bithol Age/Sex 28/m Name of the consultant Dr. Bhattacharya
S/H	**Situation/History** Briefly state the problem/condition, what is it, when it happened or started, and how severe.	o/c/o. Decompressive craniotomy. Pt is off. O_2
A	**Assessment** What assessment of the situation? All clinical observations, invasive lines, Lab tests and Imaging etc.	IV line in Outdwelling catheter
R	**Risk** (Allergies, infection control alerts, Vulnerability etc.)	No allergies
E	**Expectation** (treatment plan, clinical advice, diagnostic procedures required)	mobilize out of ICU c̄ bed + sitting. Plan cranioplasty 7/m stop levoflox. cont. magnex. forte,

Specific information:

Plan cranioplasty 7/m.

	Name of the Resident	Name of the department	Date/Time	Authenticated by	Date/Time
Handover by	Dr Malik	ICU	7/11/19	[signature]	7:00 PM
Takeover by	Dr Konak	ICU	7/11/19	[signature]	7:00 PM

Instructions for use:

The SHARE protocol for handover is required to be filled by the resident in ICU and authenticated by the consultant intensivists.

In the concerned unit resident shall perform handover when the patient is moved to ICU/Wards/OT

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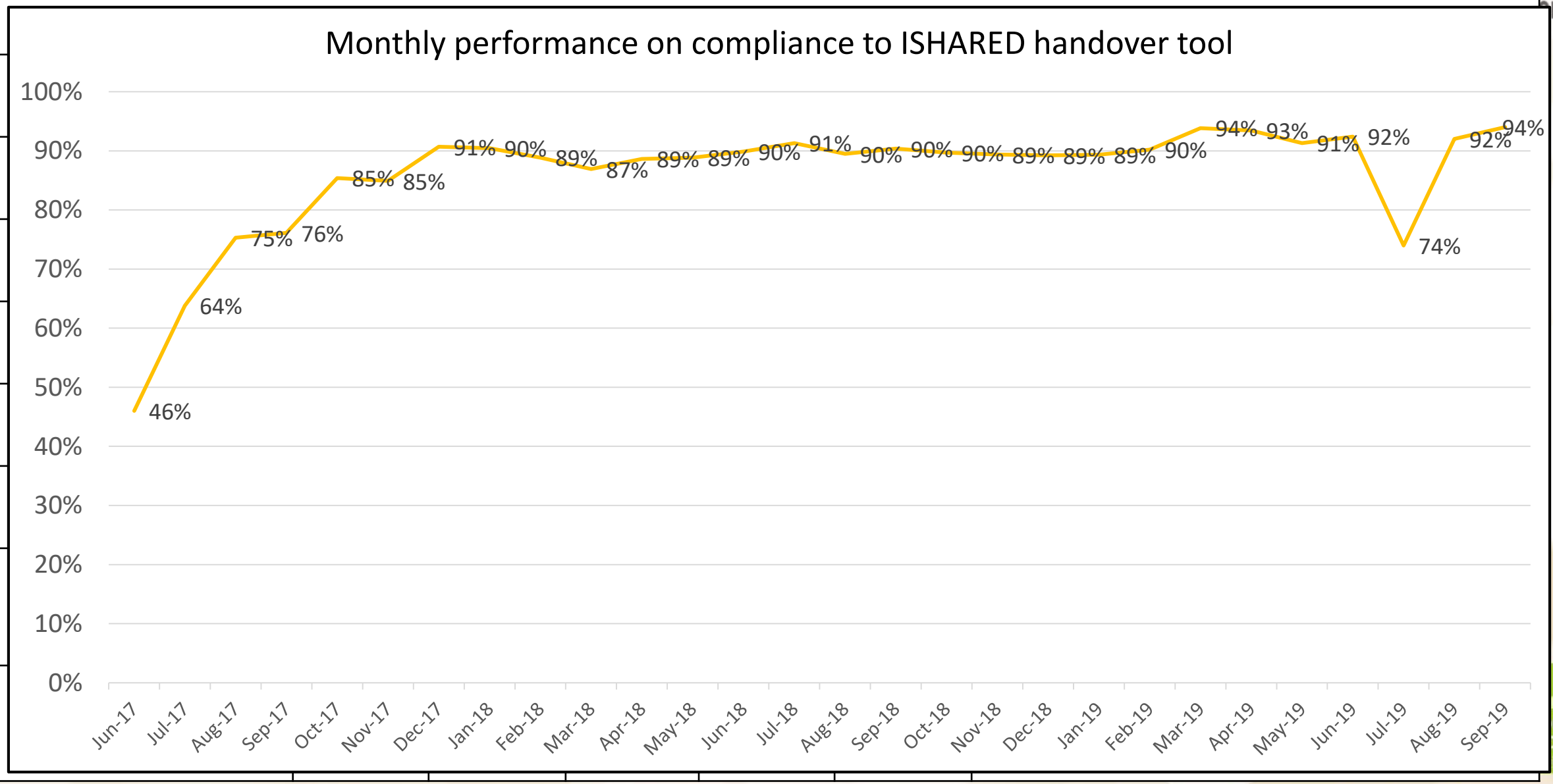
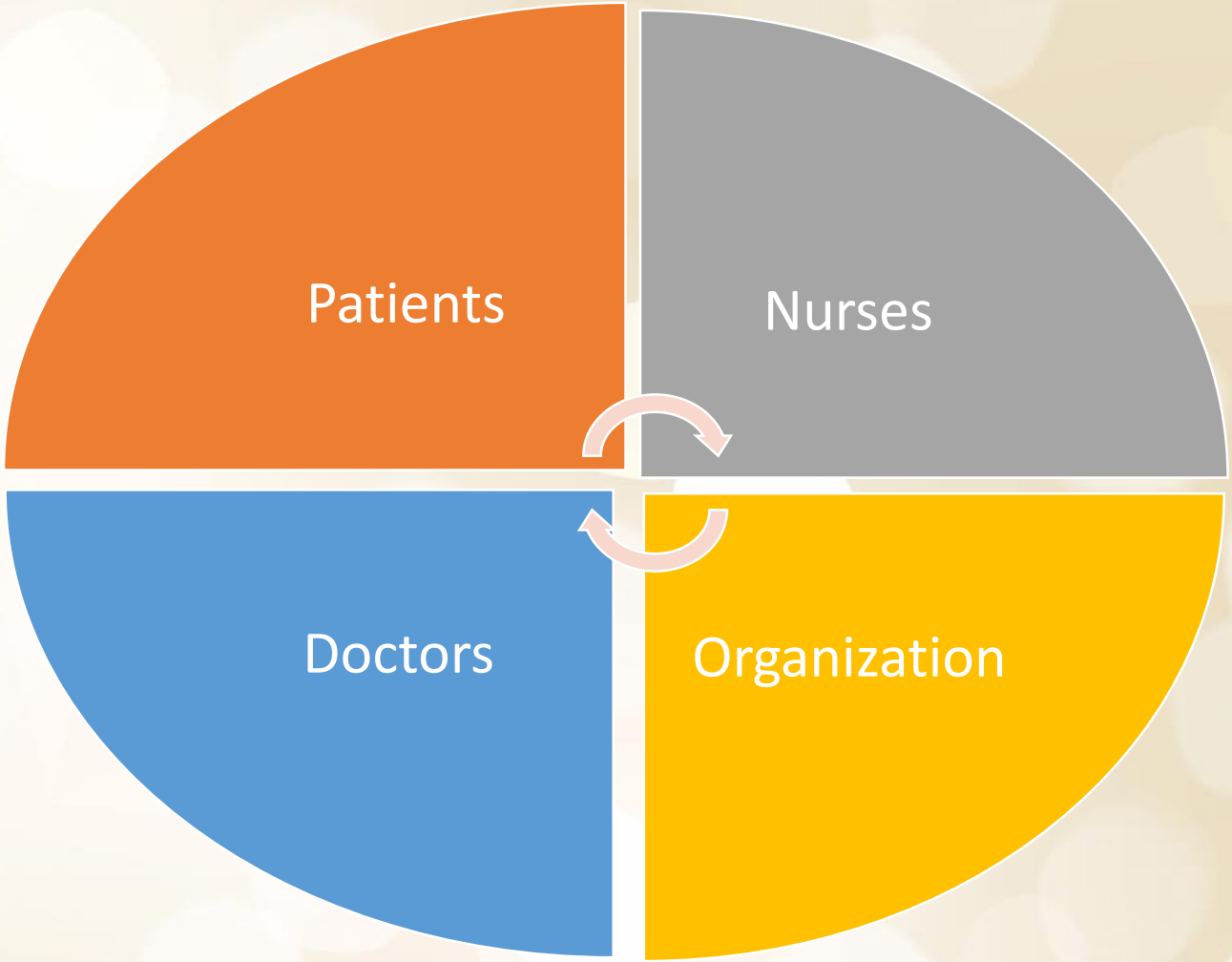
TANGIBLE RESULTS



INTANGIBLE RESULTS

- Safe and efficient care

- Visible continuity of care



- Attrition
- Educational tool
- Empowerment

- Culture of Quality and patient Safety