



CHAPTER-02

ASSESSMENT OF COMPLIANCE OF HANDOVER COMMUNICATION AMONG DOCTORS AND NURSES IN ICU AND WARDS IN MAX SUPER SPECIALITY HOSPITAL, SHALIMAR BAGH

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INTRODUCTION

Effective handover communication plays a crucial role in patient satisfaction and contributes to saving lives. Research indicates that proper handover communication in a hospital setting during duty hours facilitates the transmission of essential information to the next level of healthcare service providers. However, it's important to note that the findings of these studies are not universally applicable to all doctors, including those from the NHS trust. [1].

The clinical handover is a crucial process for maintaining the ongoing safety of patient care. However, deficiencies in this process can result in errors. To improve the morning handover round in a busy critical care unit and assess the durability of the enhancement, a quality improvement initiative was introduced. This initiative encompassed a prospective observational assessment of the doctor's shift-change handover, with a specific focus on evaluating the content of clinical information. The effects of a training session for junior doctors, along with the introduction of a standardized handover protocol, were investigated [2].

Ensuring the continuity of care and enhancing the quality of healthcare necessitates effective communication of information between shifts. Any errors in the handover process pose a risk to patient safety. Despite the significance of shift handovers, there is currently no standardized protocol in our healthcare settings. Implementing a standardized handover protocol to convey patient needs and information contributes to the improvement of nurses' safe practices in the realm of fundamental nursing care [3].

RESEARCH QUESTION

1. What level of adherence was observed in the handover communication between doctors and nurses in both the ICU and wards at Max Hospital, Shalimar Bagh, concerning three specified parameters of handover communication?
2. What were the possible reasons for ineffective communication?

RESEARCH OBJECTIVES

1. To evaluate the effectiveness of communication compliance among Doctors and Nurses in the ICU and Wards of Max Super Specialty Hospital, Shalimar Bagh, New Delhi.

SPECIFIC OBJECTIVES

1. To achieve the primary objective outlined above, specific goals were established, including:
2. To recognize and comprehend the deficiencies within the study area (ICU/Wards) by evaluating the level of compliance among Doctors and Nurses regarding handover communication.

RESEARCH METHODOLOGY

The current research was conducted at MAX Super Specialty Hospital, Shalimar Bagh, New Delhi, specifically in the ICU and Wards. The hospital was chosen based on a request from the hospital authority due to an observed increase in average lengths of stay in recent years. The study spanned a period of two months, from February 2, 2018, to May 4, 2018, and falls under the category of operational research, specifically an analytical study. The comparison focused on various parameters for doctors and nurses. The healthcare providers, including both doctors and nurses from MAX Super Specialty Hospital, were selected as respondents. To ensure data quality and maintain information confidentiality, respondents were contacted at different times. Non-probability sampling techniques were employed, with a convenient sampling method used for engaging with the hospital's service providers. The study involved 100 nurses and 100 doctors. It's important to note that the research is limited to a single hospital, limiting its generalizability to broader contexts.

RESULTS AND DISCUSSION

In the context of the Initial Assessment, nurses demonstrated a compliance rate of 40% in the ICU and 37% in Wards, showcasing variations between the two departments. Progress Notes displayed a compliance rate of 61% in the ICU and 71% in Wards, emphasizing the

differences observed. For Drug Orders, compliance was noted at 68% in the ICU and 69% in Wards. Additionally, the Compliance of Nurses regarding the Initial Assessment showed 68% in the ICU and 69% in Wards. Examining the overall Compliance of Nursing Plan of Care, the rates were 65% in the ICU and 83% in Wards, revealing disparities between the two units. Similarly, compliance rates for nurses regarding Current Vitals were 65% in the ICU and 83% in Wards. The graphical representations, differentiating between previous (Blue) and current (Red) records, provide a visual overview of the compliance trends.

CONCLUSION

The study indicated a positive trend in compliance improvement concerning the specific parameters addressed for both doctors and nurses. Despite this progress, there was room for additional interventions that could have further enhanced compliance, leading to an overall improvement in the quality of care. Implementing strict monitoring measures for these interventions could have contributed significantly to further optimizing the functioning of the system.

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