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POSTER ABSTRACT

Patient information handover between care providers

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Emma Verheirstraeten[1], Melissa Notebaert

1: Az Sint-lucas, Gent, Belgium

The handover of patient information between care providers is a big challenge. Important information is easily missed or the interpretation may differ among care providers. Structured transfer methods are used in the hospital to avoid this.

In the hospital AZ Sint-Lucas (Ghent; Belgium), we have implemented three different methods based on literature. First, during the handover we use the SBAR-method. Whit this method, patient information about 'Situation-Background-Assessment-Recommendation' is given to each other. The Second, in line with the SBAR is the 'Identification-Situation-Background-Assessment-Recommendation-Readback' (ISBARR) method we use for the telephone communication between nurses and physicians. So there is extra focus on the 'identification' of the care provider and 'readback' of the physician orders. As a third method, 'Bedside shift reporting' (BSR) is used on the nurse departments in the hospital. This means that the handover is carried out in the room of the patient which improves patient participation on the nursing wards. In general, it gives patients more chance to interact with nurses, providing them more notice of the information that is handed over. During the patient intake, the BSR method is explained to the patient and his preference for BSR is noted in the patient file.

Several months we did observations on the nursing wards during the handover moments from the early to the late shifts. The focus of these observations was on the performance of BSR and the use of the SBAR method. After the observations feedback was given immediately to the nurses and findings were documented in a report. These observations indicated which wards used the methods on a daily basis and what the points of attention were, to plan additional support or training.

For physicians, file scans are used to evaluate whether they consistently create tour notes. There is a noticeable increase of the fill-in rate since the implementation of the central patient file across the different specialties. The central patient file was enrolled in several stages over the specialties from 2017 until 2019. In 2021 the integrated patient file over the different discipline was introduced, where patient information is shared between the different care providers. In the integrated patient file, the component 'multidisciplinary communication' was positively received. In this component findings about the patient or questions addressed to the physician can be noted. Physicians can also note certain instructions aimed at the nurse in this component. The findings in this component are often further discusses verbally between the responsible nurse and the attending physician.

In sum, we can conclude that a good documentation in the integrated patient file and the use of different methods like SBAR can help us to provide a structured patient handover, reducing the risk that crucial information will be lost during handover. Nevertheless, further monitoring is needed.