Aim Statement
Within 6 months, 80% of all patients, or carers admitted to the Neurology / Gastroenterology ward at Nepean Hospital will deliver patient handover once a day during their admission.

Background to problem worth solving

- Observation of patient engagement
- Complaints regarding communication
- Safety of cognitively impaired patients secondary to acute illness or substance abuse

Drivers Diagram

- Observation of patient engagement
- Complaints regarding communication
- Safety of cognitively impaired patients secondary to acute illness or substance abuse

Team members

- Julie Williams, A/Dir Nursing and Midwifery Services Nepean Blue Mountains Local Health District
- Dr. Salman Khan, A/HOD, Neurology
- Rachel Evans, CNE N2F
- Eula Salayog, RN Ward N2F
- Ward Allied Health Staff

Project Team

- QI Advisor – Michael Wood
- Consumer – > 80 Patient Interviews and feedback forms completed

Sponsor

- Kerr, D., Lu, S. and Eula Salayog, RN Ward N2F

Link to National Standard or Strategic Imperative

- NSQHS Standard 1: Governance for Safety and Quality in Health Service Organisations.
- NSQHS Standard 2: Partnering with Consumers.
- NSQHS Standard 6: Clinical Handover.
- NSQHS Standard 10: Preventing Falls and Harm from Falls.

The Project is adaptable to any of the National Standards.

Patient Feedback

- “I felt that the handover process was well done. It was great to feel valued and included.”
- “Doing the handover in front of the patient is a good idea, makes the patient feel more involved with their treatment and encourages confidence with the nursing staff.”
- “I feel good about expressing myself, and more confident”.
- “I liked the patient handover as I got to tell them how I was feeling and ask questions on what was going on. I think it is of great need to ask patients how there feeling and every patient changes over a 12-24hr”.
- “Felt involved”.
- “I think it is a great idea. Patients will feel more comfortable in knowing the nurses know them instead of reading charts and being told by other nursing staff. They may feel less judged and more in control of their care”.
- “this is a great idea. It provided me to ask questions to the team that the doctor didn’t elaborate on. I.e. blood test showed a higher level of calcium etc. – do I follow this up with my own GP”.
- “Makes you feel welcomed”

Literature review

- “Patient-led handover to be rolled out across all wards.” Nursing Standard, vol. 21, no. 8, 2006, p. 11.
- Expanded Academic ASAP

Solution 1 - PDSA Cycle

- Plan: Patient delivered handover to improve safety by increasing patient engagement.
- To be led by the nursing staff of an Acute Medical ward inclusive of an Acute Stroke Unit.
- Commencing November 2016

StUDY

- Patients embraced and valued the opportunity to be involved in the patient handover. Generally positive feedback.
- Data period too short to definitively determine impact on clinical incidents, however indicates potential positive impact to date.

Plans to sustain change

- Continued use of the Patient delivered handover on trial ward.
- Roll out of the Patient delivered handover on other clinical units.
- Review of patient delivered handover to include “options” to target other areas of clinical concern/risk.

Plans to spread /share change

- Submitted to the ACI Innovation Exchange
- Submission to the 2017 NBLMLHD Quality awards
- Currently applying for ethics approval to complete further research, publication and submission to conferences.
- For implementation in other clinical units within NBLMLHD.

Overall Outcome of the Project

- 100% of all patients providing written feedback on the Patient Delivered Handover indicated they liked being involved in their handover and would not change it.
- Trend for Falls and Complaints from within the unit has declined.
- Increased engagement between patients and all staff and noted change in language use with patients.