

# Title : Completeness of critical care handover form in the Enhanced Surgical Care Unit

Prerna Shaktawat<sup>1</sup>, Sujesh Bansal<sup>2</sup>, Rahul Norawat<sup>3</sup>, Amarjeet D.Patil<sup>4</sup>

## Background:

Transfer of patient from the operating theatre (OT) to the Elective Surgical Enhanced Care unit (ESECU) is a dynamic and complex process; and robust handover plays a key role in ensuring the continuity, quality, and safety of transferred patient care<sup>1</sup>. Sometimes poor handover of postoperative patient can contribute to procedural and communication errors<sup>2</sup>.

## Aims & Objectives:

We aimed to audit the compliance of our printed Critical Care handover form for the postoperative surgical patients transferred from operation theatre (OT) to the ESECU. We have also conducted an MDT staff survey with the aim to get the feedback on current handover process and recordkeeping; with the aim to further streamline the process.

**Method:** In this Prospective observational audit we studied 30 elective surgical patients in 2-month duration in between 31/05/2021-\_31/07/2021, who transferred from theatre to the Elective Surgical Enhanced care unit (ESECU) at Manchester Royal Infirmary, Manchester.

We measured the compliance in form of percentage for all the parameters present in the handover sheet.

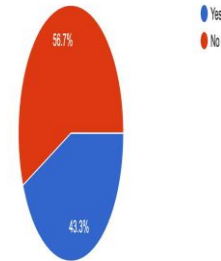
## Results:

The audit revealed that parameters in the initial part of the most of ICU admission form had good compliance. Interestingly compliance of anaesthetist's handover to the ward 14 doctor was only 43.3 %.

In post-op management plan, most of parameters had good compliance range between 80 % -100 %, which reflected the importance of postoperative care of patients coming to ESECU. However, ICOUGH prescription showed only 7% of the compliance which is lowest and stress ulcer prophylaxis and prescription also showed lower compliance around 20-23%. Antibiotic prophylaxis compliance was only 60 %.

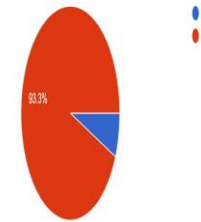
Did the Anaesthetist handed over to ward 14 Doctor?

30 responses



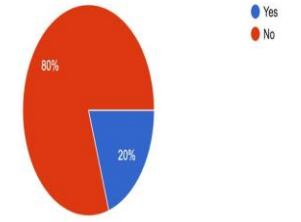
General management plan: ICOUGH prescribed

30 responses



General management plan: Stress ulcer prophylaxis prescribed

30 responses



## Conclusions:

From our results we concluded that some especially important parameters in the written handover form showed low compliance which may lead to delay in patient care of these high-risk postsurgical patients. Creating awareness could result in improved compliance and better patient care. Survey reflected that majority of people in all the three groups do fully/somewhat agree that this handover form is important and helpful in providing timely care to the patient and most of them agreed that the form is always completed to an acceptable standard. But to make note of, as the doctor or nurse working in ESECU some of them did personally face the situation in which incompletely filled form have led to delay in patient care. This survey also revealed some particularly important suggestions from all the groups which we are aiming to include in our action plan.

## Reference:

1.. Guidelines for the Provision of Anaesthetic Services for Postoperative Care 2019.

(<https://rcoa.ac.uk/gpas/chapter4>)

2. Therese M. Gardiner, Andrea P. Marshall, Brigid M. Gillespie, Clinical handover of the critically ill postoperative patient: An integrative review, Australian Critical Care, Volume 2015; 28: 226-234.