## 16th Clinical Nursing & Nurse Education Conference

November 21-22, 2016 Melbourne, Australia

## Identifying barriers of patient transfer handover process in an intensive care unit

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Poor handover processes result in medical errors in intensive care units (ICUs). This study aims to indentify the barriers of the handover process in a medical intensive care unit (MICU) at a tertiary hospital in Singapore. A descriptive study design using a checklist to observe nurses and doctors during handovers of patient transfers in and out of the ICU was adopted. A total of 90 pairs (180 participants), with 50 pairs of nurse-to-nurse (100 nurses) and 40 pairs of doctor-to-doctor (80 doctors) handovers were observed during morning and evening shifts over weekdays (Monday to Friday). IBM SPSS 21.0 was used to analyze the data. The types of distractions, tools used, and information included in handover, while short message service (SMS) and monitor alarms were not identified as distracting factors. The patient's records and checklists were used most during handover, and reading back and other tools were used less than patient records and checklists. The most common information included in handovers was background and conditions. The least common information included was do-not resuscitate (DNR) and patients' concerns. Time spent during handovers between nurses was significantly higher than doctor-to-doctor handovers. Distractions during handovers are common and associated with longer durations. Nurses and doctor-to-doctor sign patients of iCU patients. The relationship between cultural sensitivity and addressing DNR status in ICU is highly recommended for future study.

## **Biography**

Yanika Kowitlawakul has completed her PhD in Nursing since 2008 at George Mason University, VA, USA. She has been working as an Assistant Professor at Alice Lee Centre for Nursing Studies/Yong Loo Lin School of Medicine, National University of Singapore (NUS) since 2011. She has involved in teaching both undergraduate and graduate program. Her research areas of interest are health information technology, education and healthcare services. In the past 3 years at NUS, she has developed the electronic health records for nursing education software program and published three publications on this topic.

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