

NP012: Improving the clinical pharmacist handover process using an adapted ISBAR+ communication tool when transferring patients from Cork University Maternity Hospital to an Intensive Care Unit within Cork University Hospital.

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Introduction

“Without effective communication, competent individuals form an incompetent team¹”

Clinical handover has been identified, both nationally and internationally, as a high-risk step in a patient’s hospital journey².

Cork University Maternity Hospital (CUMH) is a tertiary referral maternity hospital, co-located with Cork University Hospital (CUH).

The use of different electronic healthcare records (EHRs) in CUMH, the MN-CMS*, and in the Intensive Care Unit (ICU) in CUH, ICCA#, can lead to challenges in effective communication on patient handover, as it involves a temporary transfer to paper-based records.

Aims and methods

Aims:

- To introduce a handover communication tool for clinical pharmacists involved in the transfer of acutely unwell patients from CUMH to the ICU in CUH.
- To optimise patient safety and reduce risk of medication error or miscommunication due to the use of separate EHRs in these two clinical areas.

Methods:

- The HSE National Clinical Guideline ISBAR communication tool³ was adapted as a communication tool for clinical pharmacists.
- ICU pharmacists were invited to assess the practicality and usefulness of the tool via an ad hoc survey following the transfer of the first 6 patients.

Results

Following introduction in January 2023, this communication tool has been completed for all patients transferring to ICU.

CUMH Pharmacist ISBAR Tool for Patient Handover

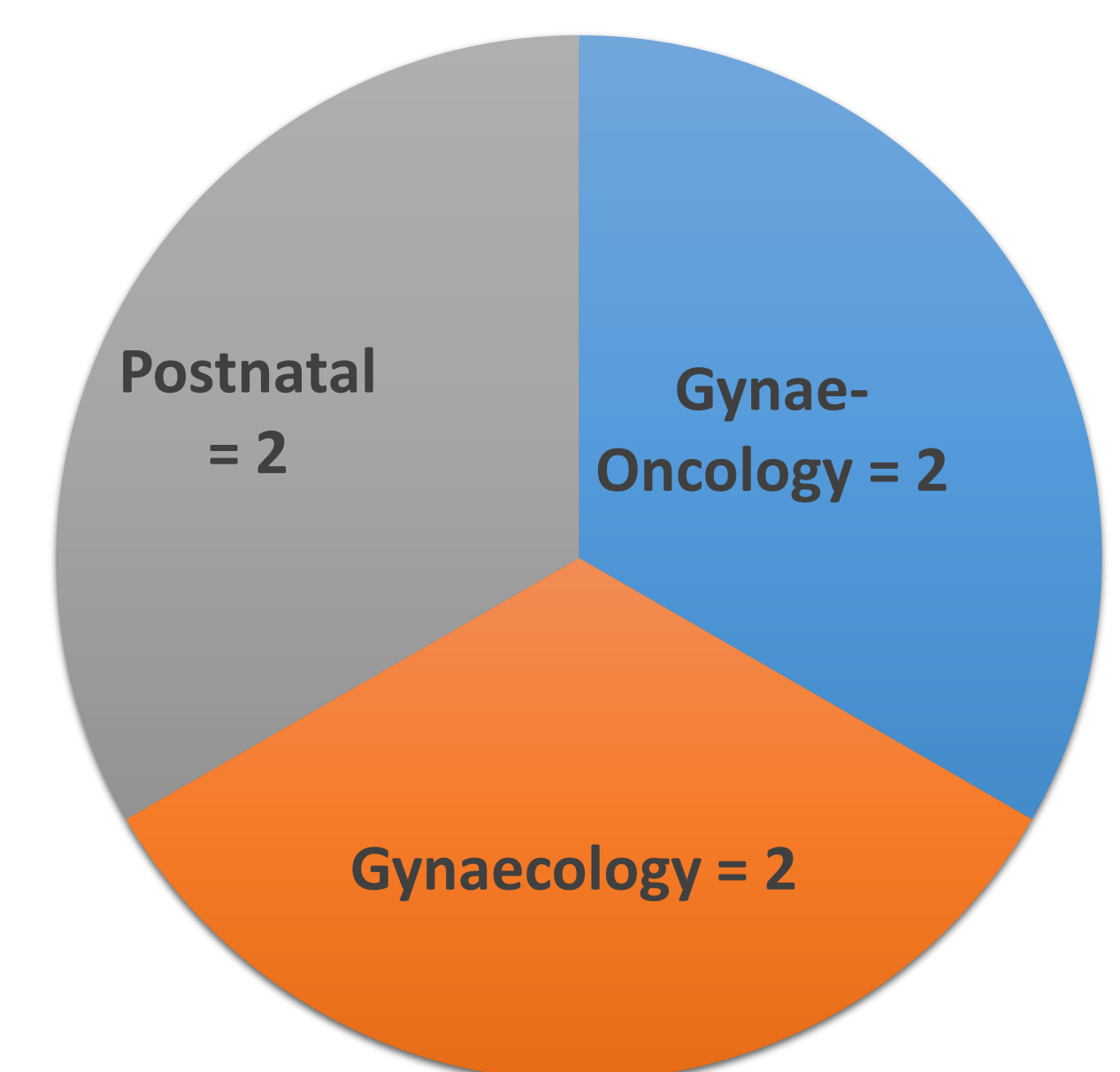
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Image 1. CUMH Pharmacist ISBAR Tool for Patient Handover

The ICU clinical pharmacists completed a survey following the transfer of 6 patients.

Feedback and outcomes reported:

- Practicality and usability of the tool.
- Accuracy and efficiency of handover process.
- Time-saving benefits.
- Actioning of outstanding clinical pharmacy interventions.
- Communication of medication safety issues relating to obstetric specific medications e.g. oxytocin.
- Reduced omission of medications on transcription.
- Avoidance of delayed or missed doses.
- Duplication of medication administration avoided.
- Critical clinical history and relevant investigations & treatments to date shared.
- Important pregnancy-related information, gestation, lactation, highlighted.



Graph 1. Speciality of CUMH Patients Transferred to CUH ICU

Conclusions

- Ensuring timely and effective sharing of patient and medication information on transitions of care improves patient safety and reduces risk of medication safety incidents.
- The HSE National Clinical Guideline ISBAR tool can be adapted for use in any setting, for any healthcare professional, with benefits for the patient and the wider multidisciplinary team.
- This adapted ISBAR tool has proven to be a useful communication tool between the CUMH clinical pharmacists and the ICU clinical pharmacists following its recent introduction.

Future considerations: Use on transfer of patients between CUMH and non-intensive care wards within CUH, and to other care settings e.g. hospice care.

References

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Acknowledgements

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- * MN-CMS –Maternal and Newborn Clinical Management System
- # ICCA –IntelliSpace Critical Care and Anaesthesia
- + ISBAR-Identity, Situation, Background, Assessment and Recommendations

