



Team Briefing after Handover in Inpatient Surgical Ward

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Background

Inpatient surgical ward consist of many complex nursing task with a considerable number of nurses taking part in the patient care. The amount of information shared after handover of patients' reports is enormous. It is common that junior nurses do not understand about patients' medical condition and needs, thus leading to potential risk of incidents and errors.

Aims

- To offer a proactive approach focusing on effective communication and patients' safety
- To promote personal and managerial involvement in safety
- To improve team work
- To improve staffs' satisfactory in the ward

Methods

A two-stage comparative project was conducted in an inpatient surgical ward. Comparison and analysis were done between nurses with and without team briefing before starting of shift work.

The team observed and scored adverse events that happen during shift without team briefing. From the scoring, a Team Briefing Protocol was developed.

Team Briefing was conducted by a team leader (staff nurse in-charge) right after handover report. The team leader will delegate task to the team members and summarise pertinent information on the patient's care.



Briefing is conducted orally by the Staff nurse in-charge to all the team members. An example below:

Briefing After Handover Prior to Start Shift Work

➤ Staff Nurse in-charge:

1. Patients for surgery or procedure;
2. High fall risk patients.
3. Early discharge documents
4. Dressing.
5. Special request/complaints by patient/NOK

➤ 2nd Senior:

2nd senior assists in IV administration follow by assisting EN to serve meal, take parameters, dressings and take bloods.

Nurses station themselves in individual patient's cubicle to ensure patients' needs are attended promptly.

Staff Nurse in-charge will update and delegate task to her team on changes which needs to be carried out after doctors' rounds.

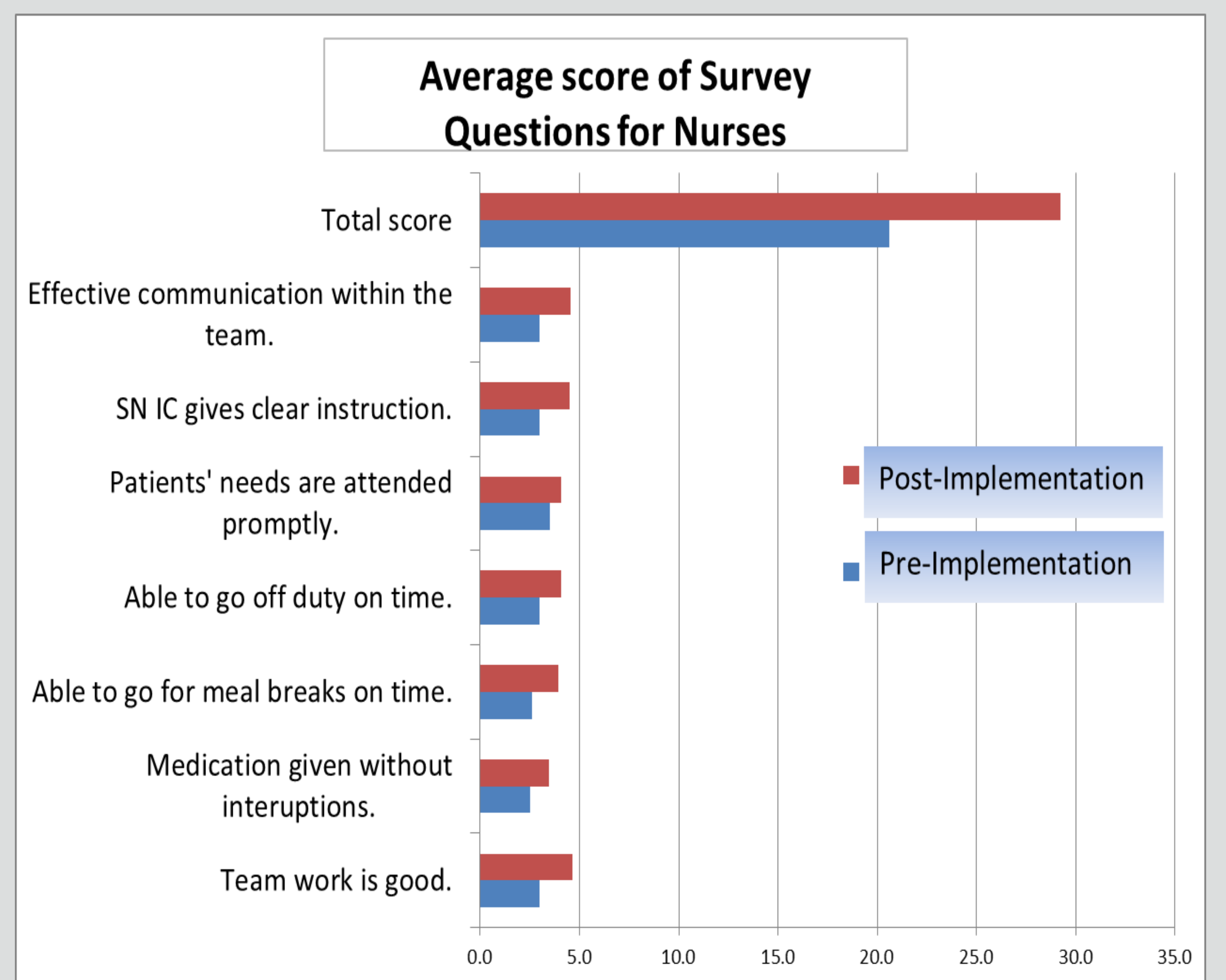


Results

The effects of Team Briefing was observed on nurses practice and feedback about the briefing (Nurses were asked to rate the value of briefing based on their own work, the teamwork, and patients' safety on a five-point scale; 5= highest).

"Improvement in team work" and "Improvement in communication" showed the most significant improvement (improved by an average score of 1.7 & 1.6 respectively)

The average total score improved by 8.6.



Nurses feedback that team briefing is most valuable for their own work, team work and patients' safety. Through observation, the following adverse events have been reduced:

Adverse Event	Example
Information	Fall history of patient was not informed.
Lack of situation awareness (knowing what is happening during shift)	Patients are going for procedure or surgery, diet was wrongly served; early discharge patient was not changed. etc.
Problems with teamwork	Junior nurses and staff nurse in charge were task orientated and unsure about what to prioritise.
Compliance with procedures	Property or dentures were not collected from patients who are going for surgery.
Lack of knowledge	Junior nurses are not familiar with nursing management of patient with chest tube.

Conclusion

Team Briefing increases performance, which presents a broader perspective model of the shift work. Team Briefing is developed with the idea of closing communication gaps and creating a shared situation model among nursing team. It allows better planning and coordination of the nursing team so that everyone understand the tasks at hand, anticipate future events and pre-plan accordingly. In addition, it increases the nurse's knowledge on their patient's condition and needs. Communication in the nursing team are also enhanced by this briefing which is in line to improve patient safety