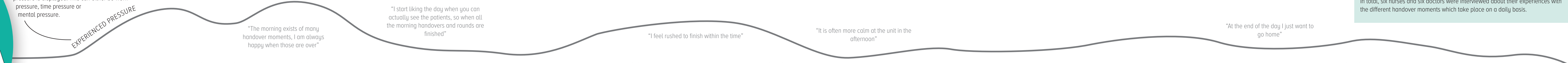


# THE HANDOVERS OF THE DOCTORS WORKING AT THE INTENSIVE CARE UNIT

## Insight in the qualities and pain points

Doctors work according to a certain daily schedule, which is shown below. Above their day schedule an indication of the experienced pressure is displayed. This can either be work pressure, time pressure or mental pressure.



07:45 08:30 08:45 09:15 11:30 12:30 14:00 14:45 16:30 17:15

This work model shows the result of 12 depth interviews with doctors and nurses working at the intensive care unit held in September and October 2019. In total, six nurses and six doctors were interviewed about their experiences with the different handover moments which take place on a daily basis.

"I start liking the day when you can actually see the patients, so when all the morning handovers and rounds are finished"

"The morning exists of many handover moments, I am always happy when those are over"

"I feel rushed to finish within the time"

"It is often more calm at the unit in the afternoon"

"At the end of the day I just want to go home"



### Goal and focus

Every handover moment has a specific goal and has to some extent a handover, consultation, and educational focus. These moments are attended by different healthcare professionals.



### Qualities

The qualities are elements which the ICU doctors experience as positive within the current handover moments. Every quality is illustrated with a supporting quote.



### Pain points

The barriers are elements which the ICU doctors experience as positive within the current handover moments. Every quality is illustrated with a supporting quote.

### MORNING SHIFT CHANGE

Transferring patient information from the night shift to day shift.

Handover

Consultation

Education

**CLEAR STRUCTURE**

"In general, the structure is consistent. I think that is clear to everyone"

**SUFFICIENT INFORMATION**

"When I do not know some details, I have to look them up myself later. The shift change is not the right moment to discuss this"

**FRESH PERSPECTIVES**

"It can give a fresh perspective on the situation of the patient when people do not know the patient are involved. You do not stay within your own tunnel vision"

**HUMOR**

"It is a great day when things start to be humorous, when we can really laugh with each other. Those are the beautiful moments, when everyone is comfortable enough to appreciate humour"

**UNNECESSARY DISCUSSIONS**

"Discussions are often unnecessary, because the plans are discussed next to the patient's bed"

**SLEEP DEPRIVATION**

"After a night shift you are certainly not at your best socially and sometimes a little irritated"

**MISSING EXPLANATION**

"We need a structure. We do not have to know the data, but something else. I get really impatient of that"

**BAD ATMOSPHERE**

"There are several residents who are or have been afraid to participate in the morning shift change"

**INCONVENIENT ATTITUDE**

"There are all these people who not have been there, but all have an opinion about the situation, which they proclaim when leaning back into their chairs"

**HIERARCHY CONSTRAINS**

"You actually need support from someone of a higher rank with more authority"

### BEDSIDE ROUND

Looking at the patient and answering acute questions from the responsible nurse.

Handover

Consultation

Education

**SEEING THE PATIENT**

"There are lots of systems, screens, and monitors to look at, but if you really see the patient you know directly how it is going"

**PRESENCE NURSE**

"The nurse can see who will be the point of contact for the day and present the first patient details to the doctors"

"It is often a moment when the nurses are caring for the patient, so you can often see the wounds which are normally covered"

**PLAN OF THE DAY**

"It is an important moment to decide what to do for the patient during the day shift"

**ABSENCE NURSE**

"When we take hours for this, the nurses will already be gone which causes even more delay"

**OFTEN DELAYED**

"I think it is very difficult to finish this within half an hour"

**DISCUSSION OF THE UNNECESSARY**

"I do not have to hear the whole history anymore, This is fine on the first day, but at a certain moment everyone knows what it is all about"

**INTERRUPTIONS**

"It lasted endlessly and halfway I was interrupted because of an impella round I had to join. After that, I had to return to the same patient to answer questions"

### MEDICAL ROUND

Discussing every patient's treatment plan.

Handover

Consultation

Education

**'AANDACHT' POSTER AS CHECKLIST**

"Sometimes things you have overlooked come to mind"

**LOW THRESHOLD**

"When I want to give input on the patient's policy, I always do it during the medical round"

**OFTEN DELAYED**

"It is always a challenge to finish at half past 12. This makes me feel uncomfortable and unpleasant"

**REPETITION**

"Actually, when you carefully carry out the bedside round, then the medical round is not necessary anymore"

**WRONG MOMENT**

"Ideally, I would prefer that someone already discussed these things in between the medical round and bedside round"

### MDT

Discussing the most complex patients.

Handover

Consultation

Education

**ATTENTION FOR COMPLEXITY**

"During the MDT, we discuss some patients into depth, which are the most complex patients of each unit"

**RELAXED ATMOSPHERE**

"The MDT is an internal meeting, so it is way less sharp"

**LOW THRESHOLD**

"It is an educational requirement that you have to be able to properly handover, which is a good thing. I think residents and fellow can practice this during the medical round, MDT, or evening shift change"

**LESS CHALLENGING**

"There is a lot of interaction, and things can either go well or wrong. The morning shift change is most challenging, the MDT is more a moment in between"

**SOMETIMES CRITICAL**

"The people in the morning shift change can be very critical, and people can feel attacked. This also happens during the MDTs, but occasionally"

### EVENING SHIFT CHANGE

Transferring patient information from the night shift to day shift.

Handover

Consultation

Education

**SHORT AND CONCISE**

"In the afternoon it is more concise, because you have less to discuss"

**OUT OF SCOPE**

"Then we are again going to hesitate about the patient's policy and sometimes we even change it. But, throughout the day we had three times a moment to change something!"

**EXHAUSTED**

"At the end of the day, you just want to go home. When it takes too long you easily loose attention, which is annoying"

# THE HANDOVERS OF THE NURSES WORKING AT THE INTENSIVE CARE UNIT

## Insight in the qualities and pain points

Nurses work according to a certain daily schedule, which is shown below. Above their day schedule an indication of the experienced pressure is displayed. This can either be work pressure, time pressure or mental pressure.

EXPERIENCED PRESSURE

07:30 07:45

08:45 09:15

11:30

12:30

15:00 15:15

15:45 16:00

"I like it when things are clarified and I know what to expect"

"Around this time of the day, I am busy with caring for my patient"

"I feel like I am wasting time, I have so many other things to do!"

"After the medical round I feel way more relaxed"

"Now I can start tidying up some things"

"The afternoon is mostly more calm and relaxed"

This work model shows the result of 12 depth interviews with doctors and nurses working at the intensive care unit held in September and October 2019. In total, six nurses and six doctors were interviewed about their experiences with the different handover moments which take place on a daily basis.



### Goal and focus

Every handover moment has a specific goal and has to some extent a handover, consultation, and educational focus. These moments are attended by different healthcare professionals.



### Qualities

The qualities are elements which the ICU nurses experience as positive within the current handover moments. Every quality is illustrated with a supporting quote.



### Pain points

The barriers are elements which the ICU nurses experience as positive within the current handover moments. Every quality is illustrated with a supporting quote.

#### CENTRAL SHIFT CHANGE

Transferring patient information from the night shift to day shift in order to divide the patients among the team.

Handover   
Education   
Consultation

##### CLEAR STRUCTURE

"The handout of the patients is always shared orally"

##### INSIGHT IN THE DAY

"It gives me an idea of how the day is going to look like"

##### SCREEN NOT VISIBLE

"We now have screens in the handover rooms, but you have to flip through pages a lot"

##### HANDOUT OF PATIENTS TOO LONG

"I have tried to make that the history of the patients only included the most relevant history, instead of directly posting the status written by the doctors in the document. Many things do not have to be red out loud right?"

##### OVERVIEW OF PATIENTS

"We have a global overview of all the patients and therefore know how to divide them, also with regard to the students of course"

##### OFTEN LENGTHY

"It needs to be to the point. It is not relevant to tell that someone had a small operation on his pinky forty years ago"

#### HANDOVER NEXT TO BED

A detailed and personal handover only about the allocated patient.

Handover   
Education   
Consultation

##### PDMS SUPPORT

"I like to transfer patient information using the PDMS. The chance that you miss important things is smaller than when you do it by heart or from a piece of paper. You automatically come across every aspect of the patient"

##### INSIGHT IN THE PATIENT

"Because you are directly involved with the patient and can directly get a good insight in how the patient is doing and what the situation is at that moment"

##### RUSHED COLLEAGUE

"Sometimes some colleagues rush through it"

##### MISSING INFORMATION

"If you cannot prove that medicines have been given, it sometimes happens that you have to call your colleague at home"

##### NOT FINISHED YET

"Sometimes you still have to solve many things from the previous shift"

##### CHAOS CAUSED BY INTERVENTION

"Sometimes there is an intervention going on during the handover, such as a thoracotomy at the unit. Then you get a very chaotic handover including many unfinished tasks"

#### BEDSIDE ROUND

A possibility to ask acute questions to the doctors.

Handover   
Education   
Consultation

##### ASKING ACUTE QUESTIONS

"In most cases they will call you so that you can ask acute questions"

##### ACTIVITIES INTERRUPTED

"Sometimes doctors enter while you are washing a patient. Then you have to deal with that. Then you are actually working on something else and at that moment they want to make agreements"

##### TIME PRESSURE OF DOCTORS

"They have to pass by a lot of patients, so they have to be quick. Sometimes I notice that it goes in a hurry"

#### MEDICAL ROUND

Discussing every patient's treatment plan.

Handover   
Education   
Consultation

##### BACKGROUND INFORMATION

"The doctors have a bit more overall picture and also know a little more details about each patient. That is why you also work together in a team and you have this medical round"

##### 'AANDACHT' SYSTEM

"I think it's a very good system. If you have not discussed things yet, then this system will eventually remind you of forgotten things"

##### NO TIME FOR EDUCATION

"You have intensivists who are going to give very comprehensive education. That can be fun, but often you don't have time for that"

##### LOW IMPACT

"Sometimes say something things and then it is either ignored, or it has no priority ..."

##### MISSEN VAN STRUCTUUR

"Here you really miss a structure. We just start somewhere"

##### MISSING INFORMATION

"We sometimes lack a lot of information. Why do they switch to a certain antibiotic? Or why is a policy being changed?"

##### TOEHOORDER

"Sometimes the medical round is more an internal discussion of the doctors. Then I am just sitting there. In the past you were more stimulated to think along with the policy"

#### CENTRALE DIENSTOVERDRACHT

Transferring patient information from the day shift to evening shift in order to divide the patients among the team.

Handover   
Education   
Consultation

##### CLEAR STRUCTURE

"So the patient category, type of patient, what kind of devices there are, ventilation or oxygen, and stable or unstable"

##### OVERVIEW OF PATIENTS

"This way you can classify patients according to the current occupation and students"

##### ELABORATING ON OWN PATIENT

"As the oldest of the shift you also have your own patient and on top you hand over the patient from your colleagues. You are then inclined to elaborate a little more about your patient"

#### HANDOVER NEXT TO BED

A detailed and personal handover only about the allocated patient.

Handover   
Education   
Consultation

##### SUPPORT OF THE PDMS

"There are many things included, but not everything. That is why I also take a look at my own report"

##### CLOSING FOR YOURSELF

"I also find it pleasant because it is a closure for yourself about the patient you have cared for the whole day"

##### TELL YOUR STORY

"I could just tell everything I wanted, and he asked questions if he wanted to know something"

##### QUESTIONS IN BETWEEN

"You sometimes have a colleague who constantly interrupts you. Then you think, well, I will come to that later"

##### LONG ADMISSION ERRORS PDMS

"If you care for a patient for 4/5 days, you simply write 'stable'. Of course that is wrong because what does stable mean? You just become lazy. And if you are going to care for someone that you have not cared for a long time, then will miss information"

##### EXHAUSTED

"It also depends on whether you have had a very busy shift and are very tired, then the details get lost because you are tired"

##### CHAOTIC

"Sometimes the patient immediately needs care, which causes that you cannot explain everything into detail"