

Improving Clinical Handovers in Community Mental Health Teams – A Quality Improvement Project

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Introduction

- Multidisciplinary team working is integral for the safe functioning of the Community Mental Health Team (CMHT).
- However, the confidence of team members in conducting clinical discussions varies.
- Efficient communication improves the handover of information and makes the information more retainable (1, 2).

Aim:

- To improve the quality of handovers within the West Haringey CMHT through a quality improvement project

Subject and Methods

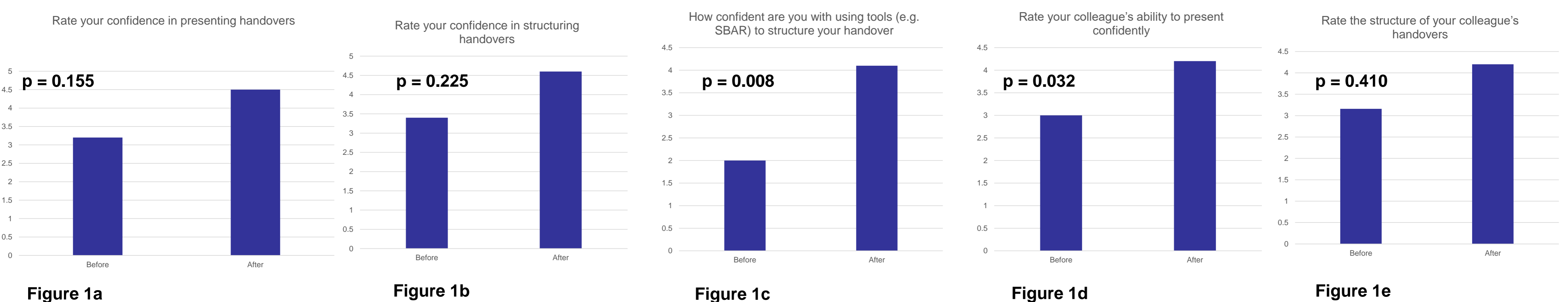
1. Distribute a questionnaire in which members of the West Haringey Locality Team (N = 18) provide their current understanding of clinical handovers. This questionnaire will be conducted in an anonymous format. Questionnaire questions will be scored on a Likert scale, which will be rated 1- 5 (with 1- not confident/not very good all the time, 2– not confident/not good majority of the time, 3– sometimes confident/good, 4– confident/good majority of the time, 5– always confident/very good).
2. Assimilate the results in a primary analysis.
3. Provide a structured teaching session to all members of the West Haringey Locality Team on methods to improve their clinical handovers
4. Provide a post teaching questionnaire to ascertain members understanding after the teaching session at 2 months
5. Compare results before and after, as well as for the medically (n = 8) and non-medically (n = 10) trained teams by Chi-Square Analysis (thereby completing the quality improvement project).



Results

All 18 individuals returned the baseline questionnaire, attended the teaching, and completed the post-teaching questionnaire. The following results were attained (mean baseline score vs. mean score 2-months after teaching):

- Rate your confidence in presenting handovers: (3.2 vs. 4.5, p = 0.155) (Figure 1a)
- Rate your confidence in structuring handovers: (3.4 vs. 4.6, p = 0.225) (Figure 1b)
- How confident are you with using tools (e.g. SBAR) to structure your handover: (2.0 vs 4.1, p = 0.008) (Figure 1c)
- Rate your colleague's ability to present confidently (3.0 vs. 4.2, p = 0.032) (Figure 1d)
- Rate the structure of your colleague's handovers (3.16 vs. 4.2, p = 0.41) (Figure 1e)



In subgroup analysis, no difference was observed in the degree of improvements in the pre- and post- questionnaire between medically and non-medically trained staff (all p > 0.05).

Conclusion

In this quality improvement projects, a structured teaching program provided evidenced based improvements in the quality of patient handovers for all members of the CMHT.

References

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2. Ngo-Metzger Q, Hayes GR, Yunan Chen, Cygan R, Garfield CF. Improving communication between patients and providers using health information technology and other quality improvement strategies: focus on low-income children Med Care Res Rev. 2010 Oct;67(5 Suppl):246S-267S. doi: 10.1177/1077558710375431.