Increasing utilisation of Nervecentre to aid handover between admission ward pharmacists and base ward pharmacists

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Background

Handover is the transfer of responsibility for immediate and ongoing care between healthcare professionals [1]. A standardised handover process is vital to ensure the transfer of care occurs accurately, thereby reducing the likelihood of error and improving patient safety [2].

Nervecentre is the software of choice for recording observations, documentation of care plans and handover.

Aim and Objective

To evaluate use of Nervecentre handover amongst pharmacy staff, with the aim of improving the template to ensure consistent and standardised use.

Analysis and Assessment

An initial two-week evaluation demonstrated that use of Nervecentre was variable.

The evaluation found:

1. On a baseline audit, 46% of patients had the pharmacy nervecentre page completed.
2. 15% had the information annotated actively removed on transfer
3. 70% of patients were moved to base ward, of those 70% only 30% of pharmacists used nervecentre for the handover despite 86% of pharmacists stating they used Nervecentre for handover

Nervecentre page completed and note removed

Patient's moved to base ward and note removed

- Pharmacy nervecentre page completed pre-audit
- Note removed from Pharmacy information section
- Number of patients moved to a base ward
- Note removed from Pharmacy information section

Opinions from survey

Date seen by pharmacy on handover sheet. Whether patient is a dosette box on handover sheet. Use of the 'pharmacy information' box on all wards.

If a copy could be printed off that would be great. Also clarification on the RAG rating and if everyone could use it as a standardised tool.

A separate box for CrCl might also be a rather useful addition (especially if it incorporated a CrCl calculator, to which one could add a weight, age, and gender, and be updated with new Cr values throughout admission

Adding further options or a free type option for compliance issues, e.g. if a patient struggles to remember taking their medications there's no option for this currently

Intervention

Data was collated, reviewed and a formal request for change submitted to Systems.

New additions to current template

A. Creatinine Clearance
B. Patient's medications brought from home (multiple dropdown options)
C. VTE risk (multiple dropdown option)

PODs brought in
- Yes
- No
- Partial

Creatinine Clearance
Date:
Weight:
CrCl:

VTE Risk
- Apixaban
- Warfarin
- Rivaroxaban
- Edoxaban
- Dabigatran
- Enoxaparin
- Tinzaparin
- Other...

Amendments to current template

A. Antibiotics: update current list and addition of "Not applicable" option.
B. Falls review: addition of multiple choice answers and option to document Anticholinergic Burden Score
C. Discharge information: addition of multiple choice answers
D. High Risk Medications: update current list.

Additional change requests

A. Visibility of High Risk Medication section on nursing template
B. Availability of a printed version

Measure of improvement

Due to COVID-19 and Systems staff redeployment, proposed changes to Nervecentre will not roll-out until later in the year. Next, uptake will be measured over a two-week period and again in 12 months. This will comprise of repeated qualitative and quantitative data collection as per the initial evaluation.

Proposed changes were developed in collaboration with pharmacy staff and an improved use of the system was noted as the initial quantitative study progressed. Education about the importance of handover and the potential changes to the system, is organised for delivery once the system goes live.

Conclusions

There is a need and a willingness among staff to utilise a standardised handover. This evaluation and change aims to facilitate this for all pharmacy staff. Continued monitoring and regular review of the template will ensure it remains accessible and user-friendly. Initial education, and recurring updates to all staff will be incorporated into common practice in order to stimulate and encourage habitual use.

References

1. Royal College of Physicians. Acute care toolkit 1: handover. [Internet] London: 2015. [Accessed 1 March 2021] Available from: https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1-handover
2. Merten H, Van Galen LS, Wagner C. Safe handover. Bmj. 2017 Oct 9;359.