



Research Article

## IMPROVING TIMELY UPDATE OF NURSING CARE PLANS DURING SHIFT CHANGES.

MS. ANGEL G JOSEPH<sup>\*1</sup>, MR. MUBARAK HANYAN ALMASAN<sup>2</sup>, MS. HIND ALI-SUWASIS<sup>3</sup>,  
MR. ALI HANAYAN<sup>4</sup> MS. NORWISA ABDURAHMAN<sup>5</sup>

<sup>1</sup>RN, RM, MSN, CPHQ, Director of Nursing Quality & Improvement,  
Wadi Al-Dawaser General Hospital, KSA

<sup>2</sup>RN, MSN, Director of Nursing, Wadi Al-Dawaser General Hospital, KSA

<sup>3</sup>RN, MSN, Deputy Nursing Director, & HOD – Education, Wadi Al-Dawaser General Hospital, KSA

<sup>4</sup>RN, BSN, Head Nurse, Wadi Al-Dawaser General Hospital, KSA

<sup>5</sup>RN, BSN, Nursing Educator, Wadi Al-Dawaser General Hospital, KSA

\*Author for Correspondence: Angel G Joseph Email: [angu318@gmail.com](mailto:angu318@gmail.com)

**Abstract: Background:** Timely updating of nursing care plans during shift changes is essential to ensure continuity of care, accurate documentation, and effective communication among nurses. Baseline audits in the Male Medical Ward at Wadi Al-Dawasir General Hospital (WDGH) revealed delays and inconsistencies in care plan updates during handovers, leading to potential gaps in patient information and safety risks.

**Objectives:** This quality improvement project aimed to achieve  $\geq 95\%$  compliance in timely updating nursing care plans during shift changes by Q3 2025 and to enhance continuity and quality of patient care through standardized handover protocols and regular audits.

**Methods:** A quasi-experimental pre–post intervention design was implemented in the Male Medical Ward from July to September 2025. Interventions included staff training on documentation standards, development and implementation of a care plan update checklist, placement of visual reminders, and regular audits with feedback. Key performance indicators (KPIs) were care plan update compliance, documentation accuracy, and staff adherence to the handover checklist. Data were analyzed using descriptive statistics and trend analysis.

**Results:** Care plan update compliance improved from 68% at baseline to 96% post-implementation. Documentation accuracy increased from 70% to 97%, and staff adherence to the handover checklist rose from 65% to 94%. Mid-project values in August 2025 were 84%, 88%, and 80%, respectively, indicating a steady upward trend across all indicators.

**Conclusion:** Standardizing the handover process through a care plan update checklist, combined with focused staff training and continuous audits, significantly improved the timeliness and accuracy of nursing care plan documentation. The intervention enhanced continuity of care and can be replicated in other wards to promote safe and effective shift handovers.

**Keywords:** nursing care plan, shift handover, documentation compliance, quality improvement, continuity of care, Male Medical Ward

### INTRODUCTION

Accurate and timely nursing care plans are central to patient-centred care, guiding the

planning, implementation, and evaluation of nursing interventions. During shift changes, incomplete or delayed care plan updates can cause miscommunication, duplication or omission of

interventions, and increased risk of adverse events. Routine audits in the Male Medical Ward at WDGH identified several instances in which care plans were not updated prior to or during shift handover, resulting in poor continuity of care and fragmented documentation.

International standards such as CBAHI emphasize the importance of safe handover and clear documentation as key components of patient safety. In response, the Nursing Quality Department (NQD) and ward leadership initiated a structured quality improvement project to improve the timeliness and accuracy of nursing care plan updates during shift changes.

## AIM AND OBJECTIVES

### Aim

To improve the timely update of nursing care plans during shift changes in the Male Medical Ward, thereby strengthening continuity, safety, and quality of patient care.

### Objectives

1. To achieve  $\geq 95\%$  compliance in timely updating nursing care plans during shift changes by the end of Q3 2025.
2. To increase documentation accuracy of nursing care plans to  $\geq 95\%$ .
3. To improve staff adherence to the standardized shift handover checklist to  $\geq 90\%$ .
4. To establish regular audits and feedback mechanisms to sustain the achieved improvements.

## METHODOLOGY

### Study Design

A quasi-experimental pre–post intervention design was adopted to evaluate the effect of standardized handover interventions on care plan documentation compliance.

### Study Setting

The project was conducted in the **Male Medical Ward (MMW)** of Wadi Al-Dawasir General Hospital, a general medical ward with high patient turnover and multiple daily shift handovers.

### Study Participants

Participants included all nursing staff assigned to the Male Medical Ward who were responsible for preparing, updating, and handing over nursing care plans.

### Sample Size

All available nursing care plans for inpatients during the audit periods (July, August, and September 2025) were included. Baseline data were collected in July 2025, with follow-up audits in August (mid-implementation) and September (post-implementation).

### Intervention Process

The intervention process began with a baseline audit and gap analysis in July 2025, which identified delayed updates, documentation inconsistencies, and low adherence to handover protocols. Following this, the project team developed and implemented a standardized Care Plan Update Checklist to ensure uniformity and accuracy during shift changes. Staff were subsequently trained through structured in-service sessions and hands-on orientation to reinforce the importance of timely documentation and proper use of the checklist.

Workflow integration was strengthened by embedding the checklist into the routine shift handover process and displaying visual reminders at nurses' stations to enhance compliance. Throughout August and September 2025, continuous monitoring was carried out through regular audits, with feedback provided directly to staff to correct deviations and reinforce best practices. The intervention culminated in a post-implementation evaluation, demonstrating substantial improvements across all indicators.

### Timeline

- **July 2025:** Baseline audit, problem identification, team formulation, and initial training.
- **August 2025:** Development and implementation of the care plan update checklist; continued training and mid-project audit.
- **September 2025:** Ongoing monitoring, final audit, and evaluation of project outcomes; integration into routine KPI audits.

### Post-Intervention Assessment

Post-intervention assessment was conducted in September 2025 to measure final compliance rates for all indicators and to evaluate sustainability of improvement during the final month of the project.

### Data Collection Tools

Data were collected using:

- Nursing documentation audit forms for care plan updates.
- The standardized care plan update checklist.
- Observation tools for shift handover adherence.
- Monthly KPI dashboards summarizing compliance trends.

### Data Analysis

Data were analyzed using descriptive statistics. Percentages were calculated for each indicator at baseline, mid-implementation, and post-implementation. Trends were presented in tables and line graphs to depict the progression of improvement across the three months.

## RESULTS

### Baseline and Post-Implementation Outcomes

plan documentation during shift changes. At baseline, low compliance rates reflected inconsistent practices, lack of staff awareness, and absence of standardized processes. These issues are consistent with previously reported barriers to effective nursing documentation and handover.

The introduction of a **standardized care plan update checklist** provided a clear, concise structure for nurses to follow during handovers, reducing variability and ensuring that essential information was consistently documented. Staff training and orientation increased awareness of the importance of care plan updates and reinforced accountability.

The results showed marked improvements across all indicators, with care plan update compliance increasing by 28 percentage points, documentation accuracy by 27 percentage points,

**Table 1.** Pre–Post Comparison of Key Performance Indicators

Indicator	Baseline (July 2025)	Target	Post-Implementation (September 2025)	Status
Care Plan Update Compliance (%)	68%	≥95%	<b>96%</b>	Achieved
Documentation Accuracy (%)	70%	≥95%	<b>97%</b>	Achieved
Staff Adherence to Handover Checklist (%)	65%	≥90%	<b>94%</b>	Achieved

All three indicators exceeded the project targets by the end of September 2025, confirming the effectiveness of the implemented interventions.

and checklist adherence by 29 percentage points from July to September. These gains indicate not only initial change but also sustained performance as the project matured.

### Trend of Improvement

**Table 2.** Monthly Trend of Improvement (July–September 2025)

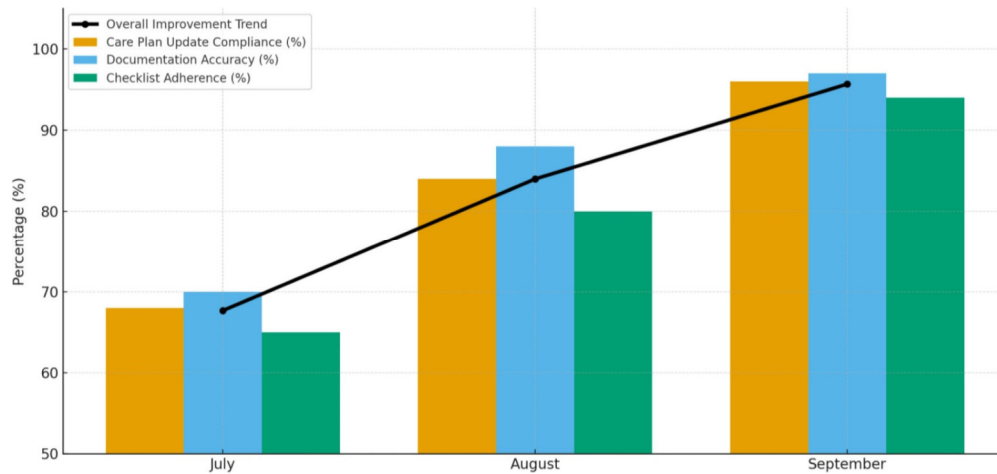
Month 2025	Care Plan Update Compliance (%)	Documentation Accuracy (%)	Checklist Adherence (%)
July (Baseline)	68	70	65
August (Mid-Implementation)	84	88	80
September (Post)	96	97	94

A continuous upward trend was observed for all indicators, with the largest gains occurring between July and August, following the introduction of the checklist and targeted staff education.

## DISCUSSION

The findings from this project demonstrate that structured interventions can significantly improve the timeliness and quality of nursing care

Regular **audits and feedback mechanisms** played an important role in sustaining improvements. Sharing KPI trends with staff and recognizing high-performing individuals and teams helped build ownership and motivation. Furthermore, involvement of head nurses, charge nurses, and the Nursing Quality Department promoted a culture of collaboration and continuous quality improvement.



**Figure 1.** Trend of Improvement in Care Plan Update Compliance, Documentation Accuracy, and Checklist Adherence (July–September 2025).

The project also highlighted the importance of **time management** during shift changes. By deliberately allocating specific time within the shift handover to update care plans, nurses were better able to complete documentation without compromising direct patient care.

## CONCLUSION

This quality improvement project successfully enhanced the timeliness and accuracy of nursing care plan updates during shift changes in the Male Medical Ward. Through the development and implementation of a standardized care plan update checklist, comprehensive staff training, workflow integration, and continuous monitoring, all project objectives were achieved and sustained.

The project strengthened continuity of care, reduced documentation gaps, and improved communication across shifts. The strategies used in this project are feasible and replicable and may be extended to other wards within the hospital to foster

a consistent, organization-wide approach to safe and effective nurse handover.

## REFERENCES

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