

Haphazard Handover

Improving medical weekend handover

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SITUATION

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Handover has been identified as a point at which errors are likely to occur

- NPSA¹, NCEPOD² and RCP³ highlight the importance of handover and the risk of preventable patient harm
- Trust wide survey of 71 doctors identified ratings of:
 - 52.3% for safety
 - 51% for system satisfaction
 - 48.6% in ability to identify unwell patients
 - 49% in providing sufficient information to enable confident patient reviews

BACKGROUND

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GHNSFT clinical handover is entirely reliant on a paper based system

- Ward teams provide clinical details of patient care via paper sheets placed in the acute care departments
 - CGH has a proforma that is under utilised
- As per other trusts this system has been identified as disorganised, lacking in information and often illegible^{4,5}
- In such systems, studies have identified omitted content as the commonest communication failure⁶

Aim: to achieve 90% of clinical handover information as defined by the RCP Acute Care Toolkit in weekend medical on-calls trust wide by August 2017

85%

of clinical handover information achieved in GRH

ASSESSMENT

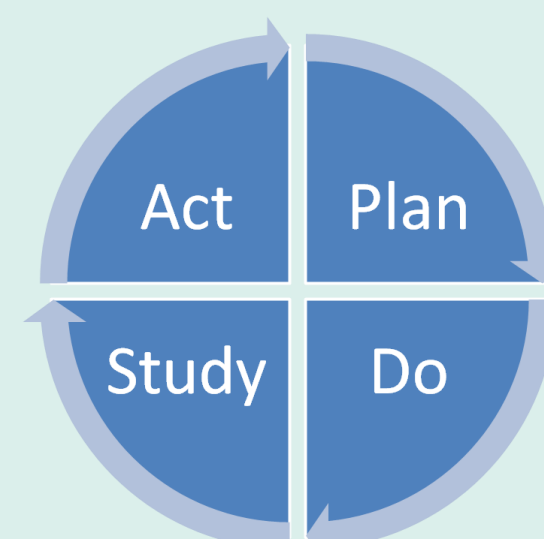
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GRH typed proformas resulted in 7% relative increase in meeting RCP standards of information

- Handover process mapped and stakeholders identified
- Focus group and surveys sent to assess balancing measures

PDSA

- Standardised handover proforma introduce to single CGH ward
- Amendments to proforma made with CGH then trust wide roll out
- Handover guidance issued to new junior doctors in August



Outcome measure:

GRH – Improvement in patient handover information from 78% to 85%
CGH – No improvement in average 73% of pre and post handover information

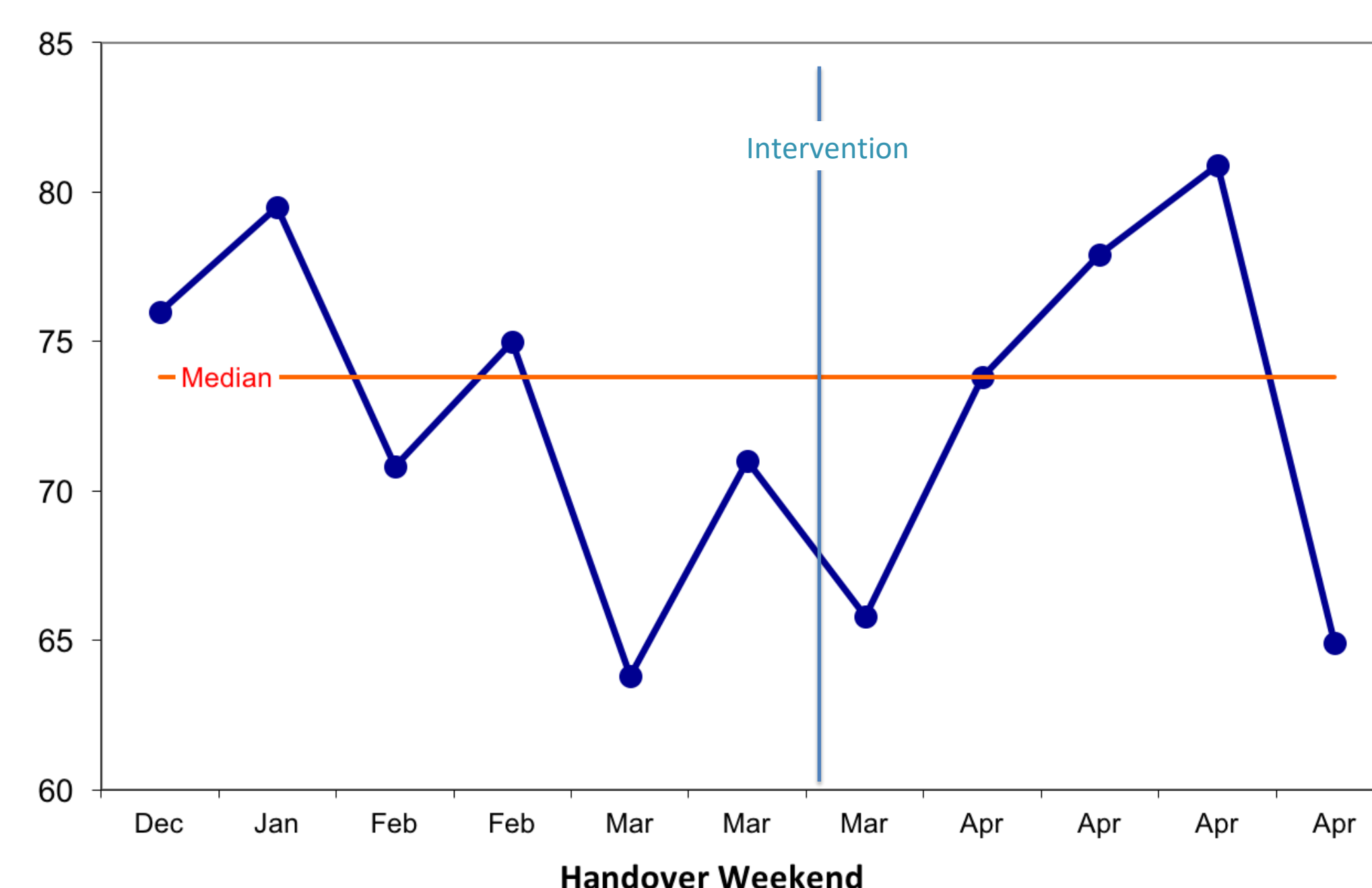
Process measure:

GRH – Observed correlation between typed proformas and RCP standard of clinically relevant information (90% Vs 82%)

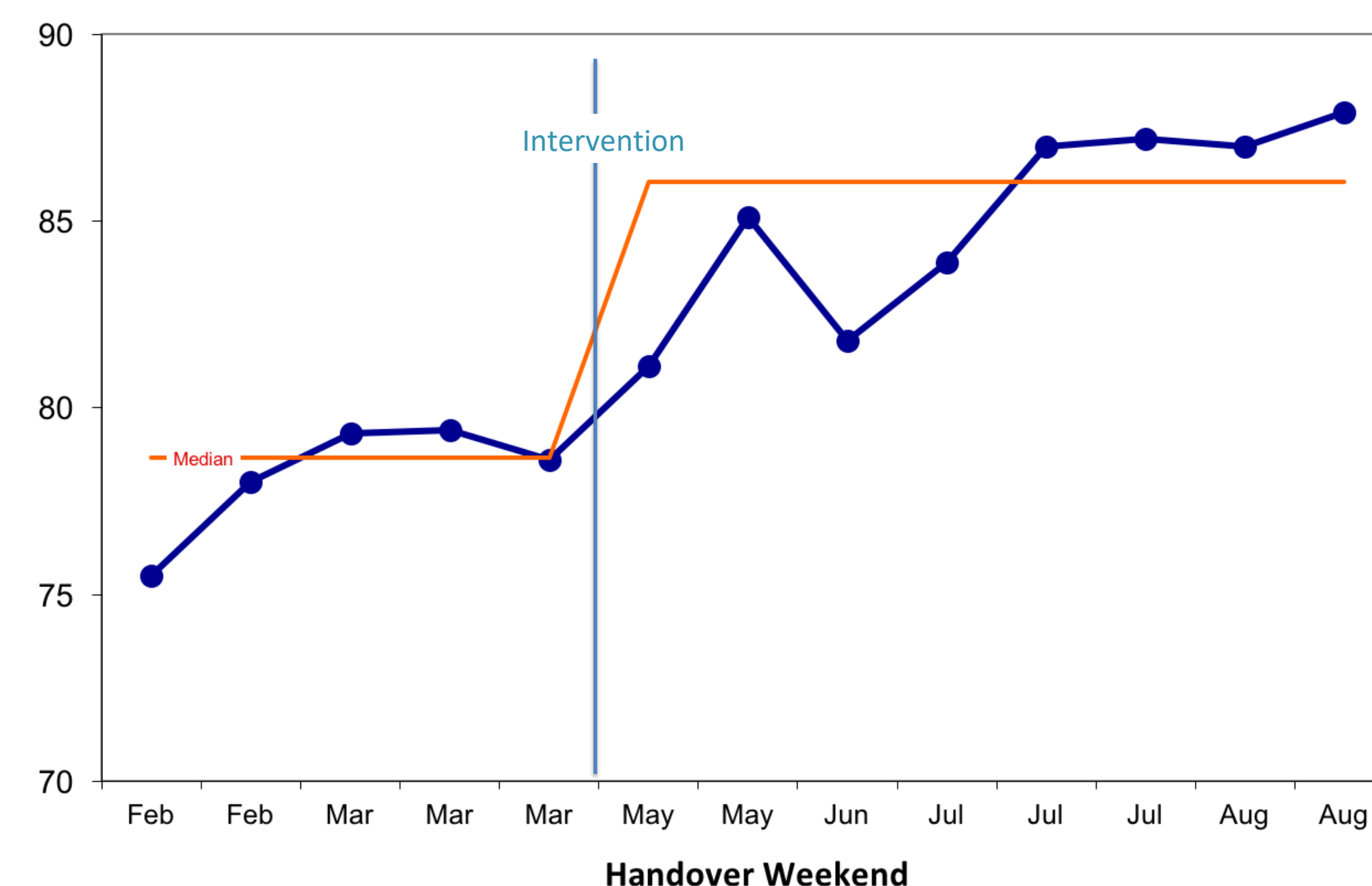
Balancing measure:

Ongoing safety and satisfaction survey of junior doctors suggest no decrease despite “increased workload”

Percentage CGH



Percentage GRH



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RECOMMEND

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Standardisation improves clinical communication

- Greatest challenge has been changing behaviours and rotations
 - Eg pre-existing CGH proformas may explain lack of change
- No current standard to correlate handover to patient outcomes
- Build upon communication systems with verbal handover meetings and electronic handover with audit capabilities