## Are medical handovers safe, effective and educational?

U Kamdar, S Wynn, A Samson, S Pathmanathan Hull University Teaching Hospital



### Background

Handover is a major preventable cause of patient harm if conducted clearly in an organised manner

Royal College of Physicians (RCP) handover toolkit (2015) recommends standardisation of handover process with clear leadership responsibilities and accountability<sup>1</sup>

HRI ward medical handover takes place daily at 17:00 & 21:00 with additional meeting at 9:00 on weekends

Last Care Quality Commission (CQC) inspection raised concerns regarding escalation and medical reviews of deteriorating patients<sup>2</sup>

Handover is a dedicated platform to help identify and prioritise such medical reviews.

#### Aims

To observe how medical ward hand over process is carried out and measure the current practice against RCP handover toolkit

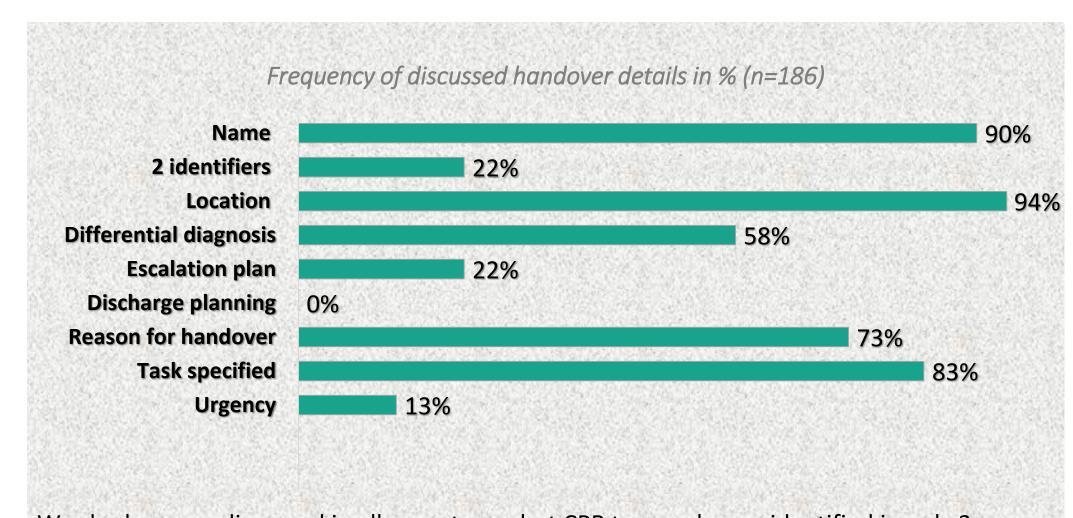
We also wished to identify areas in need of change/improvement to ensure safe and effective patient care.

#### Methods

A prospective data using predesigned questionnaire embedding RCP recommendations was collected by observing 16 medical handovers over 2-week period in August/September 2018.

This audit covered ward medical handover with a good mix of shifts. Data collector attended handovers from start to finish time

# Results 5 weekdays 1 weekend 16 Handovers Team carried out introduction in 5 and signing sheet was circulated in 14 Team Attendance as per grade – expressed in % 50% 30% 20% 10% 0% RMO CMT/FY2 H@N EAU 14 led by RMO or H@N



Ward roles were discussed in all except one, but CPR team role was identified in only 3

No teaching was delivered during any handover included in this study

#### Conclusions

The trust has defined protected time and space for medical handover for which attendance is recorded.

Although well attended by on-call members, ward participation is inconsistent with EAU under-representation. Moreover, a recurrent theme of non-attendance for 17:00 weekday handover was observed for medical registrars

Details pertaining to patient's identification, clinical details, escalation and review immediacy was patchy and substandard



- > A ward bleep reminder to improve participation
- Bring evening handover time forward to 16:30
- Handover proceeding checklist adopted from RCP handover kit to be followed by team leader
  - > Standardised handover sheet for recording patients details
  - > Us handover as a platform to improve leadership and accountability
- Team leader should seek for developmental needs of team members and use handover as a learning opportunity for all.

						CARRIED AND AND A SECOND AND MAKE THE PARTY OF THE RESIDENCE OF THE PARTY OF THE PA	
			17.			Handover proceedings sheet (please com	nniete in black canitair)
						O Handover details	prece in block capitals)
						Ward or unit	
60000	ALC: N					Handover venue	ation
2555						Handover lead	
	Starrage		AS (\$1) ALL (\$1)			⊙ Ongoing chain of care	
ut of hours handover (please complete in block capitals)						Outgoing senior doctor (constant's payer)	
at Of Hours Haridover (piease complete in block capitals)					Incoming senior doctor (consutant/SpRvis)		
dover details					Outgoing senior nurse (word manage/staff nune/stc)		
over by			Handed o			Incoming senior nurse wardmanagental nurwets	
vered by th	is handover (please circle)	Mon Tue We	eds Thu Fri	Sat Sun		Number of patients handed over	
	Responsible	Diagnosis/problem list/	Reason for handover	Outstanding issues	Aims and limitations of treatment	RedArnber	
, forename pirth,	consultant, patient current	differential diagnosis (include any risks or warnings)		(tasks to be done)	(eg resus/ITU/v entilation/ inatropes/active/ pallative/ surgery – yes/ha)	Green	
pital no	location						
						Special attention Sick patient(s)	
						Patient transfers/death	
						Staffing/equipment concerns	
					Weelend discharge yearho		
						⊙ Present	
					Weeland discharge yeaho	NameRoie.	
					1		
					Weelend discharge yes/no	NameRole	
						399	
						200	
						550	
					Weekend discharge yearho		
						Notes Prompt start? (within 2 minut schedule)	Yes/No
	ı		I	1	1		
		l		1		Interruptions?	Yes/No

#### References

- 1) Royal College of Physicians (2015) Acute care toolkit 1: Handover. Available at: <a href="https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1:https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1:handover">https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1:handover</a> (Accessed 14/04/2019)
- 2) Care Quality Commission (2018) Hull and East Yorkshire Hospitals NHS Trust Inspection Report. Available at: <a href="https://www.cqc.org.uk/location/RWA01/inspection-summary#care">https://www.cqc.org.uk/location/RWA01/inspection-summary#care</a> (Accessed 14/04/2019)