

Diana Princess of Wales Hospital Grimsby

Dr L Cunliffe, Dr A Yassin, Dr D Waugh, Dr A Bhatti

Laura.cunliffe2@nhs.net, ashraf.yassin@nhs.net

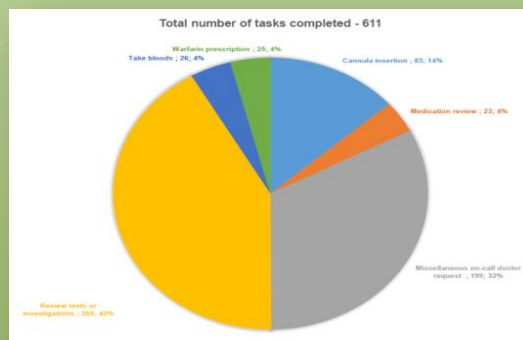
Effective and safe Medical handover is essential to maintain high standards of clinical care. Therefore creating and maintaining a standard of handover is essential, as outlined by the Royal College of Physicians.²

In a small District Hospital such as Grimsby there are often several challenges that face the out of hours on call doctors. This is often complicated by short staffing which can make their job very difficult. Following recent CQC recommendations, we saw an opportunity to make handovers more efficient and thus aimed to improve continuity of care and patient safety.

Initially we surveyed 26 medical doctors to establish the current feeling around handover quality, and how it could be improved. We summarised these results and made several improvements. We then implemented the FRIDAYs checklist, created by Sayed Anjum Ali Gardezi and his team.³ We distributed to all medical wards, and informed all staff to encourage use. We took feedback from this and then produced an improved checklist (Fig 1) and developed an electronic handover system.

We worked with the in-house IT team to develop an electronic system for out of hours. It allowed ward doctors to place tasks for the weekend team, and also nurses to place routine jobs on for the doctors. It allowed all staff to see the workload and also reduced the number of bleeps reducing distraction, allowing more time for clinical prioritisation. Every doctor had access to the system and it was well received by staff. So much so it was rolled out in Scunthorpe General Hospital too. Previous to this, all ward doctors met the weekend team on Friday PM and gave a list of jobs, all written on reams of paper. These were easily lost potentially compromising patient's care.

Figure 2



We categorised the potential tasks into the following headings: cannula insertion, medication review, warfarin scrips, review investigations, take bloods and miscellaneous. After a 4 week pilot the data was analysed, as shown in Fig 2. The predominant task was reviewing investigations which could potentially be done from any location in the hospital, saving time during a busy on call. Nursing staff could also see that a job was 'completed' on the system, as seen in Fig 3.

Version 2.0 Dr L Cunliffe

Friday Checklist DPOW

F Phlebotomy

Bloods out for weekend?

Handed over to on call doc?

R Re-write drug charts

Drug card prepared for W/E

I IV Fluids

Prescribed for weekend?

Any special requirements?

D DNACPR? Escalation status

Level of care: Ward Level 2 Level 3 TLC

2DNAR

Discharge summaries

Prepped / placed on list

A Antibiotics – IV/PO switch? Duration of trx

IV to continue?

Switch to oral?

Prescribed?

Y Yellow book – WARFARIN

Warfarin prescribed?

DATE: _____

TIME: _____

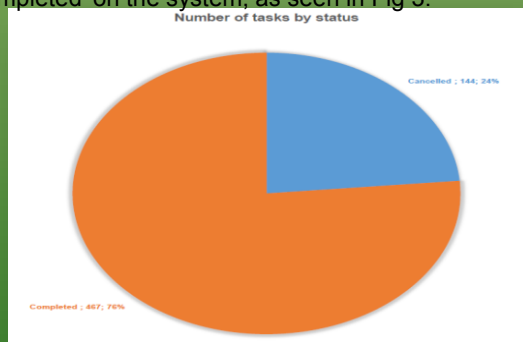
CONSULTANT: _____

ADDRESSOGRAPH: _____

Signed: _____

Figure 1: Friday checklist implemented

Figure 3



Overall it was very well received. People found that the checklists; reduced number of routine jobs, significantly improved communication between teams, improved patients safety and ensured patients had an escalation plan. The checklists also prompted staff to consider aspects of patient care that they had not considered before, such as ensuring a plan for length of antibiotic therapy. With the new computer system, as with every new intervention, further education and compliance is needed, but the system works well and has continued to be used.

1: References: <https://bmjopenquality.bmj.com/content/bmjopenquality/3/1/u204560.w2109.full.pdf> 2: Royal College of Physicians. Acute Care Toolkit 3: Handover. London. May 2011.