

Implementing a Handover System in a Tertiary Gastroenterology Centre

– A Quality Improvement Project

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BACKGROUND

Effective handover of patient care is an important responsibility of doctors as per the General Medical Council's 'Good Medical Practice'¹ and leads to:

- Improved patient safety
- Fewer adverse incidents and near misses²
- Better patient experience³

On a tertiary gastroenterology unit, there was no formal handover system in place and handover of tasks between doctors each day relied upon emails, text messages or post-it notes posing a risk to both patient safety and confidentiality.

AIMS AND OBJECTIVES

To implement a handover system that was accessible and helpful to all junior doctors within a 4-month period aiming to improve **patient safety** and junior doctor **working efficiency**.

ANALYSING THE PROBLEM

A questionnaire was circulated to junior doctors and consultants on the ward to assess views towards the existing handover system and suggestions for the new system.

Key factors to prioritise in the new system included:

- **Digital** – less paper waste
- **Live system** – up to date and accurate
- **Confidential** – only accessible to necessary personnel
- **Comprehensive** – all relevant information

REFERENCES

1. General Medical Council, Good Medical Practice, Domain 3: Communication, partnership and teamwork, November 2020
2. acute medical care in over 16s: service delivery and organisation: Chapter 32, Structured Patient Handover, March 2018
https://www.nice.org.uk/guidance/ng94/evidence/32_structured-patient-handovers-pdf-172397464671
3. Petersen LA, Orav EJ, Teich JM, et al. Using a computerized signout program to improve continuity of inpatient care and prevent adverse events. *Jt Comm J Qual Improv* 1998;24:77–87

THE CHOSEN INTERVENTION

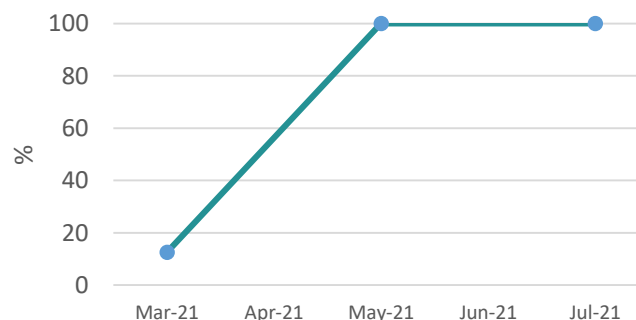
A Word document on the local shared drive with pertinent patient information and outstanding tasks documented to ensure patient safety not compromised by changes in medical staffing.

The improvement team (consisting of three junior doctors) arranged informal education sessions on the ward for junior doctors and held meetings with stakeholders.

Gastroenterology HANDOVER 19/11/2020

ID	NAME	HANDOVER	BACKUP/REPLACEMENT/ALTERNATIVE	WORK REQUIRED	DELEGATION STATUS	REMOVED
1.1	Dr Example Smith GIMM/CLG 11/03/2007	Senior Doctor	Junior Doctor (see attached, hypertransferrin)	Report (see attached) Review (see attached) Discharge (see attached)	None	None
1.2						
1.3						
1.4						
1.5						
2.1						
2.2						
2.3						
2.4						
2.5						
2.6						
2.7						
2.8						
2.9						
2.10						
2.11						
2.12						
3.1						
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3.9						
3.10						
3.11						
3.12						
3.13						
3.14						

Perceived Effect on Patient Safety



RESULTS

PDSA Cycle 1

- Questionnaire of junior doctors after 1 month
- 100% were using the handover system and 87.5% felt working efficiency had improved
- Amendments suggested including: colour coding of specialties, specific bloods requests e.g. INR
- Included in induction material for next rotation of doctors

PDSA Cycle 2

- Questionnaire of new cohort of doctors after 6 weeks
- 100% were using the handover system
- 100% felt junior doctor efficiency was impacted positively
- Main issues – lack of time to update document

The handover system has led to an improvement in:

- ✓ Working efficiency of junior doctors
- ✓ Perceived patient safety

DISCUSSION

Junior doctors overall found the handover document beneficial. Use continued despite the original junior doctors leaving their posts. This QIP project highlights the importance of handover and how it can facilitate prioritisation of tasks, identification of acutely unwell patients and discharge planning.

What's next?

- Re-audit in 1 year – is it still in use?
- Survey experiences of patients and other healthcare professionals – is all relevant information communicated?
- Review incident reports - is there a reduction post-QIP?
- Increase efficiency by using local IT systems to collate patient information