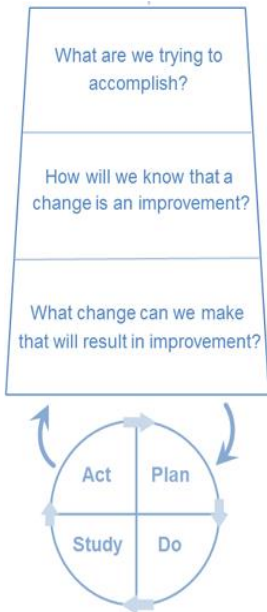


Project by: N Harker



Aim: To improve the structure and standardisation of medical doctors handover in a district general hospital (Fairfield General Hospital, Northern Care Alliance) in concordance with RCP recommendations for good clinical handover.

Data: Junior doctor surveys collecting qualitative data, sent out after cycles of change

Change: 6 key areas of change implemented:

- Introduction of a structured handover agenda
- Pre-allocated laminated place settings with typed roles and sleep numbers
- Introduction of a fixed venue and time for handover for both AM and PM meetings
- Design and provision of a new handover pro-forma document and folder for documentation
- Managing punctuality via senior engagement and communication (email & verbal)
- Subsequent upgrade of documentation to an electronic spread sheet and coordinating junior doctor access to the template.

Methods: QIP methodology was adopted with the use of PDSA cycles and multiple, staggered interventions. Ideas and interventions were guided by the RCP 'acute care toolkit for handover'. Data was collected via anonymous surveys following interventions. A list of interventions is outlined in the PDSA diagram. Some interventions occurred simultaneously due to their nature.

"The handover takes too long, and it's often unclear as to which patients need seen and what jobs need to be done. It is often very unstructured."

"Slow, there are lots of points of error"

"Variable Structure depending on who's leading"

"Handover on call from day to night team seems unsafe due to variability in written handover"

Need for Change

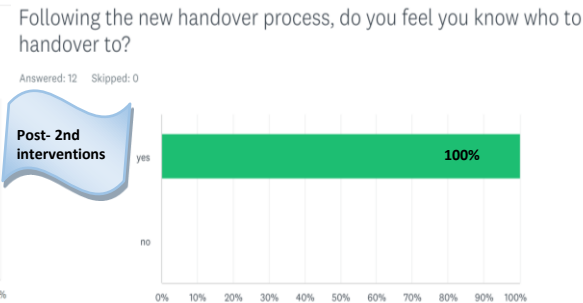
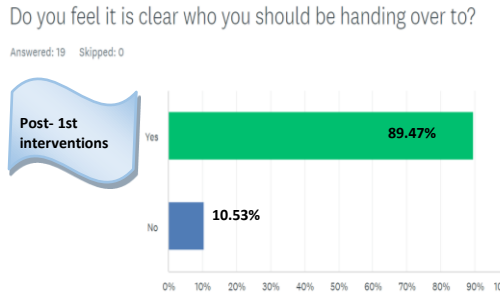
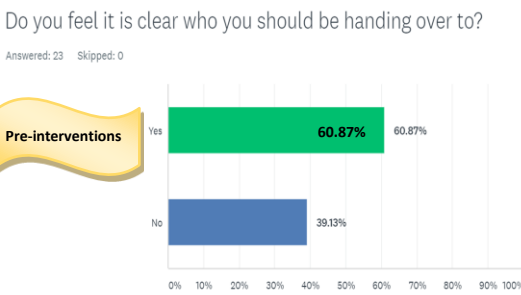
Summary of Identified Issues:

1. *Unclear roles*
2. *Unclear who to handover to*
3. *Unclear what to handover*

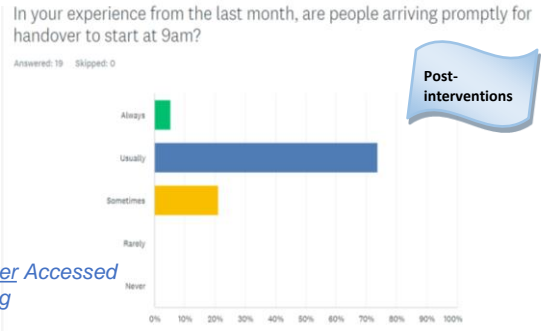
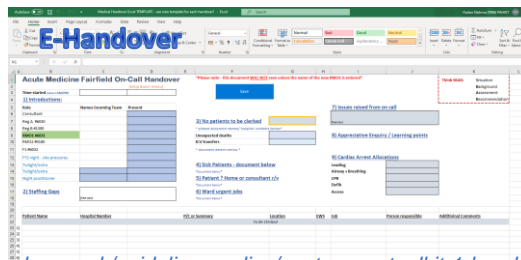
Results: Data was retrieved via feedback surveys. These included selection of options as well as free type written feedback. The written feedback demonstrated that interventions such as the pro-forma introduction improved structure and direction of the handover. Clarity of whom we should handover to was increased with formal introductions. **The percentage of people who were unsure which person they should direct the handover to fell from 39.1% to 10.5% and then 0%.** Written feedback also showed people felt the documentation meant handover quality improved and the handover was accountable. Punctuality also improved with 20.8% describing handover starting punctually as 'Rarely' or 'Never' versus 0% within the same categories post intervention. **100% of people found the interventions had improved the handover overall.** We also improved engagement in addressing key areas such as unexpected bereavements (improved from 54.2% to 100% post intervention) and discussing unresolved issues (75% to 89.5%) during the handover meeting.

"It's so much better having names and roles introduced with a structure and clarity of handover"

"More structure to the handover has improved the quality of the handover"



Discussion: Overall, the results demonstrate a positive improvement in a number of key areas of the handover process in line with RCP guidance. Clearly, qualitative data surveys relied on user participation and therefore are subject to an element of engagement bias. Engagement bias may include selectivity reluctance in sharing feedback however they offered a safe space to provide written feedback and suggestions, which were extremely positive and constructive towards guiding further changes. Barriers have included ingrained culture which has proved a harder challenge to overcome. There is work on going into engaging stakeholders and providing education on the importance of punctuality and a structured handover process.



References: Royal College of Physicians, 2015. 'Acute care toolkit- Handover.' <https://www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1-handover> Accessed 11th February 2022. Langley G J, Nolan et al 1992. 'The model for Improvement' published in *The improvement Guide: A Practical approach to enhancing Organisational performance.*