

“Chase CRP”, “Review patient”: Improving the Quality of Out-of-hours Medical Handover at a London Teaching Hospital

BACKGROUND

1. The Royal College of Physicians (RCP) has identified handover as “a major cause of preventable harm” [1] [2]
2. Anecdotal evidence from Charing Cross Hospital suggested that medical out-of-hours handover was poor
3. Medical SHO surveys: difficulties with **prioritising the weekend workload** because of inadequate written handover information; this often comprised tasks like “assess fluid balance” with no accompanying clinical context
4. Medical and ITU registrar discussions: inefficiency when **reviewing patients who were unexpectedly acutely unwell out-of-hours** because of poor accessibility of up-to-date clinical information; they often have to look through weeks of notes to find this, including ‘ceiling of care’ decisions, while they should be managing the patient

AIMS

1. Audit **weekend handover lists** and **Friday ward round (WR) entries** against RCP guidance [1], to assess the quality of information provided
2. Implement changes to promote safer, more effective handover
3. Re-audit following implementation

METHODS AND RESULTS

These are summarised in the timeline below:

HANDOVER

Entries from original handover pro forma (fig.1) were audited against RCP guidelines [1] (n=82) (fig. 2)

Location:	Name:	Hospital no:	D.O.B:
Main clinical issues or medical problems:		Suitable for discharge: Yes/No	Blotchy: Saturday/Sunday
Criteria for discharge? Focus of clinical review? Indications for blood tests? (Where monitoring requested specify trigger thresholds and appropriate interventions)		Review on: Saturday/Sunday	
Outcome of review (If patient not discharged or weekend plan not followed please indicate why)			

Fig. 1: initial handover sheet

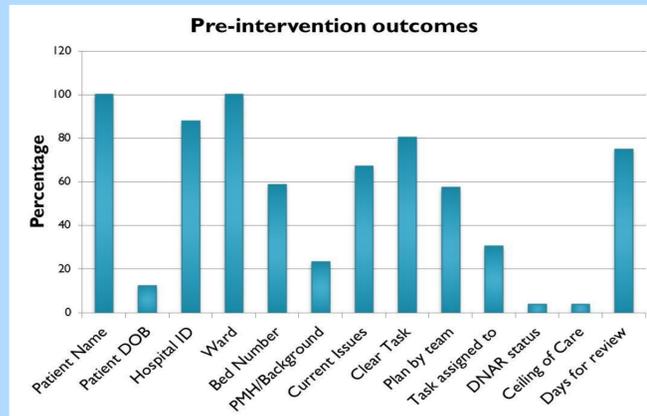


Fig. 2: pre-intervention handover outcomes

Interventions introduced after presentation at weekly Medical Meeting

A new, more prescriptive pro forma was created (fig. 3) [3], which included a “tick if sick” box, to highlight unwell patients; its use was audited as before (n=111) (fig. 4)

Charing Cross Hospital									
Medical Weekend Handover		Date	Team		Does your team have Medical Outliers? If so, which wards, patient names.				
Name and Details (label)	Location, Consultant	Diagnosis / Current Issues	PMH	Ceiling of Care	Review Status/Job	Reason for Handover	Jobs (SHO/HO)	“tick if sick”	Plan

Fig. 3: new handover pro forma

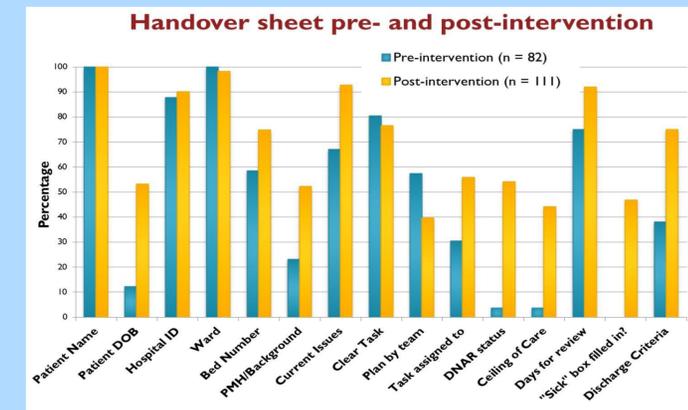


Fig. 4: Comparison of information handed over pre- and post-intervention

Timeline: Oct 2013, Nov, Dec, Jan 2014, Feb, March, April, May, June, July

FRIDAY WR ENTRIES

Friday WR entries for post-acute medical patients were audited against RCP handover guidelines [1] (n=86) (fig. 4, 5). Some notes contained no complete problem list for >2weeks

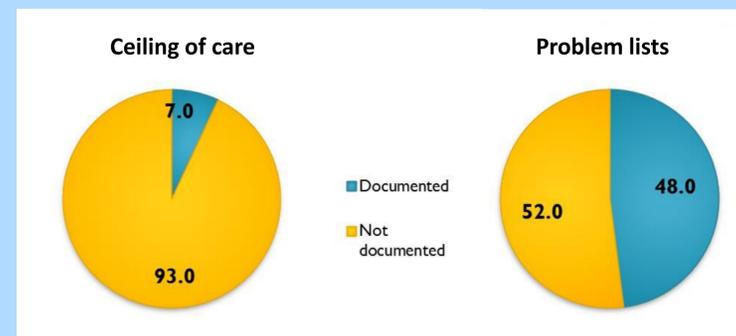


Fig. 4: Examples of two of the most significant shortcomings

Friday Ward Round sheet and Weekend Plan		Patient sticker
Date:	Time:	Consultant:
Senior Dr on WR:	Grade:	Specialty:
Admission date:	Admitted with:	
Current issues:		
1.	1.	
2.	2.	
3.	3.	
4.	4.	
Ceiling of care: Resus. status:		
Weekend jobs / blood tests req'd / discharge criteria (ideally by SOB / coma):		
1.	→ (if using switch to Tazobactam or 4hr nitro)	
2.	→	
3.	→	

Image 5: new WR pro forma, intended to be used for every medical patient on Friday

- Use of the Friday WR sheet was low at re-audit. However, its use led to better documentation (fig. 6).
- There was no significant change pre-/ post-intervention when the sheet was not used – i.e. solely educating juniors at the Medical Meeting about the importance of safe handover had no effect (results not shown)
- Juniors cited reasons such as **time constraints** and **poor knowledge of their patients** for not using the sheet

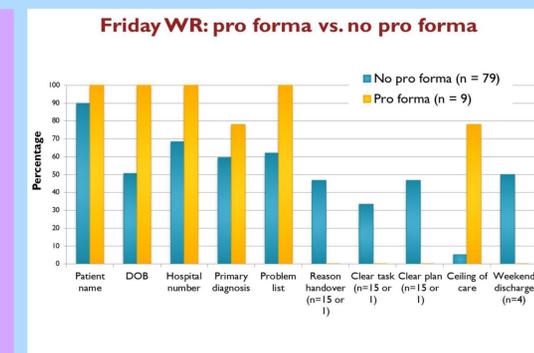


Image 6: comparison of information documented with pro forma versus without pro forma

CONCLUSIONS

1. The new handover form increased the quality of information that was handed over – “current issues” and “ceiling of care” improved significantly, which junior doctors found beneficial in providing safe cover out-of-hours
2. Friday WR sheet improved outcomes when used; raising awareness alone did not help. Future work will identify ways of encouraging its use

REFERENCES

[1] Royal College of Physicians, May 2011, Acute care toolkit 1: Handover <https://www.rcplondon.ac.uk/sites/default/files/acute-care-toolkit-1-handover.pdf>
 [2] Royal College of Physicians, May 2011, Out-of-hours handover, https://www.rcplondon.ac.uk/sites/default/files/out-of-hours-handover_0.pdf
 [3] Ann R Coll Surg Engl. Apr 2007; 89(3): 298–300, An Experimental Comparison of Handover Methods