

Introduction

Handovers are integral for high standards of care and continuity as healthcare teams change over. Given their vital importance, there have been frequent investigations into the quality of handovers and ways to improve them.¹

Aim

To ensure a safe and effective handover process in medicine and surgery at Hillingdon Hospital by evaluating compliance with a series of criteria identified by the Royal College of Physicians as indicators of high quality handovers and good patient care.²

Objective 1

To audit a representative number of handovers across all days of the week and times of day over a month-long period on ten predefined criteria indicative of high quality handovers.²

Objective 2

To implement achievable interventions to the handovers and objectively quantify their impact by re-auditing, and also suggest more ambitious recommendations.

Objective 3

To conduct a final audit to assess the resilience of the interventions made to ensure the safety and effectiveness of the handovers was sustained over a prolonged period.

Methods

Data collection for each round took place over a pre-determined 30 day period with up to 40 handovers attended for each specialty to ensure representative data. This included a variety of morning and evening handovers, and weekday & weekend handovers. A standardised proforma was used to collect data according to 10 criteria (see Figure 1), and data collectors were briefed prior to the audit period to ensure consistent assessments of the handovers. The results were collected and analysed and various interventions implemented before the entire audit process was repeated two further times. The repeated data collections included collection of data following the rotation of junior doctors between specialties, allowing the resilience of the interventions to be assessed.

Results

Our initial results highlighted two criteria in both medicine and surgery that were consistently not met: the documentation of brief histories and the documentation of results to be chased. Other criteria requiring improvement were specific to each specialty: For medicine, there were consistent issues with the correct documentation of patient details. For surgery, there were issues with the handover occurring at the designated time and place. Over three audit cycles, improvements were demonstrated in surgery across 9 of the criteria. For medical handovers, improvements were seen in 4 criteria with the remaining criteria static, maintaining standards of greater than 90%.

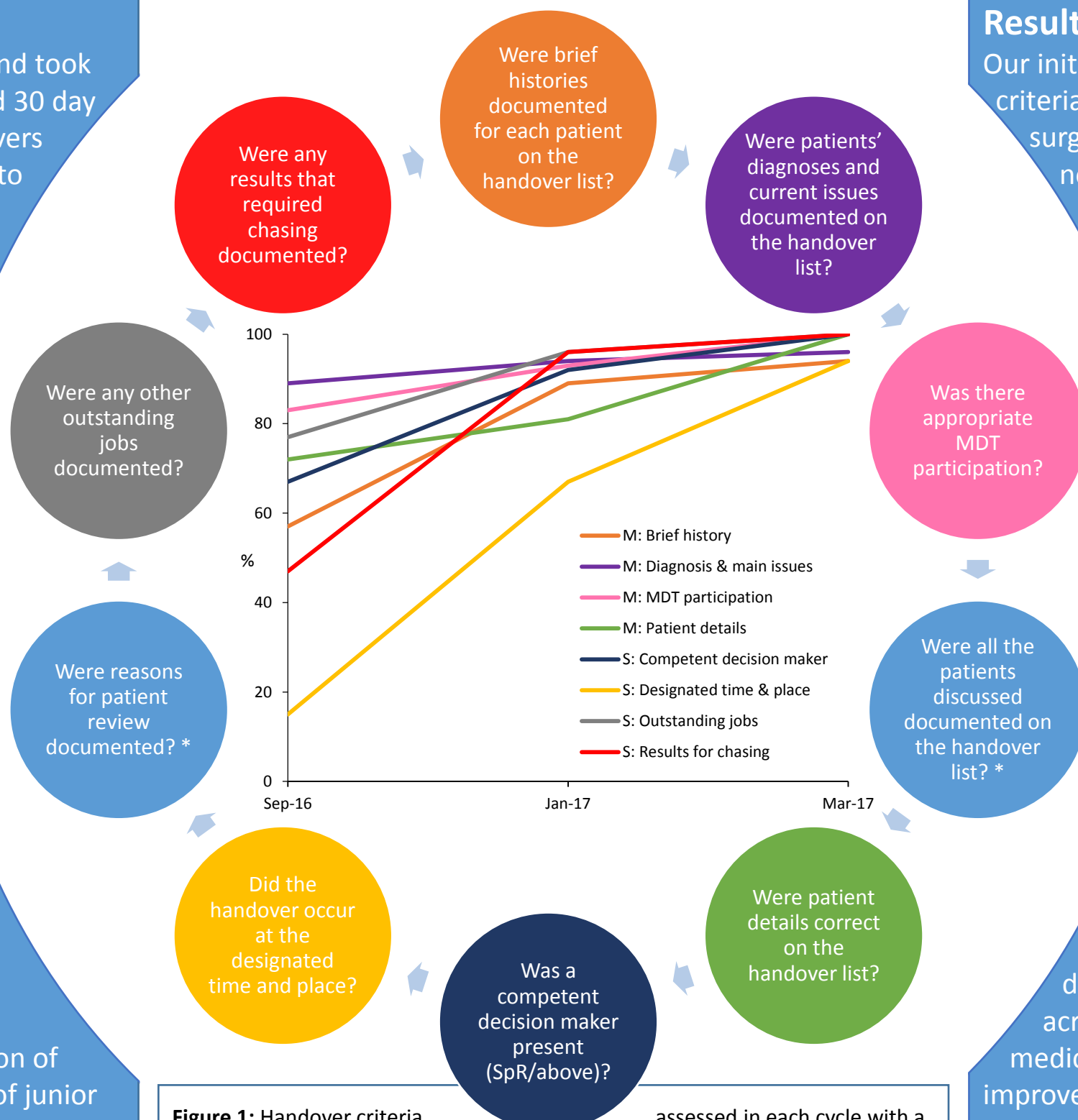


Figure 1: Handover criteria assessed in each cycle with a nested line chart showing improvement in selected criteria for each specialty over the course of the data collections. * denotes criteria not shown on graph. On legend for nested graph: M= medical handovers, S= surgical handovers.

Interventions

- Education sessions for doctors creating both the medical and surgical handover lists emphasising the importance of both a high quality handover list & handover meeting for patient care.
- Introduction of a "Do not disturb - handover in progress" sign for surgical handovers to prevent delayed starts to handover.

Recommendations

- Adoption of an electronic system in medicine to import patient details from a computer database to minimise transcription errors.
- Moving the location of the surgical handover to a consistent place to preclude variations in handover location affecting both the standard of handover and the starting time.

Conclusions

- Handover is a vital component in the provision of high quality care for all inpatients.¹
- The quality of handovers and the standard of patient care can be rapidly improved by minor, sustainable interventions that encourage the efficient and precise delivery of accurate patient information.
- Further improvements are possible if far-reaching reform of the established handover system is considered.

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