Audit of Weekend Handover at the Conquest Hospital, Hastings

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BACKGROUND

- Handover of patient care is a key process that occurs daily within the NHS.
- Poor handover can lead to neglect and harm to patients.
- The Francis Report emphasised the need to refocus on patient safety and continuity of care.
- A good quality standardised handover process can play a key role in improving these areas.

AIMS

- To objectively audit the weekend handover process at the Conquest Hospital against the Royal College of Physicians’ “Out of Hours Handover Template”

1. Patient details
2. Patient location
3. Background
5. Out of hours job required
6. Action for on-call doctor to take
7. Level of escalation
8. Potential for weekend discharge

- To subjectively assess handover through a staff survey and compare these findings with that of our audit.
- To identify any areas for improvement and make appropriate recommendations accordingly.

METHOD

- Electronic weekend handover lists were retrospectively audited against standards from the Royal College of Physicians’ Out of Hours Handover Toolkit.
- 143 patients were audited from 3 randomly identified weekends in August, September and December 2012.
- A survey was also carried out to subjectively assess on-call doctors’ opinions of the existing handover system. (28 responses)

RESULTS

- The existing handover process was accurate in terms of patient identifiers (100%) and location (91%).
- There was a lack of information regarding active medical issues (69%), the action the on-call doctor was expected to take (24%), the level of escalation (0%) or potential for weekend discharge (0%).
- The staff survey found that the majority of doctors favoured a face-to-face handover. It was also felt that more information should be available on the handover lists.

RECOMMENDATIONS

1. Increased character input space on the electronic system
2. Education regarding RCP guidelines.
3. Bleep-free consultant-led handover on Friday evenings for ward teams to hand over unwell patients to on-call teams.

RE-AUDIT

- Re-audit was performed following these changes. The original audit data was presented at junior doctor audit meetings and the local clinical governance meeting. A daily handover meeting was set up at 8am daily and 3.30pm on Friday afternoons. Text input fields on the electronic handover system were altered so that more data could be entered.
- 138 patients were audited from 4 randomly identified weekends spread over June and July 2013, the results of which are displayed by the graph above.

CONCLUSIONS

- Both audits identified strengths and weaknesses in the handover system.
- Re-audit showed an improvement in handover of active medical issues, the job required, and especially the action required by the on-call doctor.
- There was a 17% increase in level of escalation and a slight increase in reported potential for weekend discharge, however there is still scope for improvement in these areas.

FURTHER RECOMMENDATIONS

1. On-going education and training
2. Practical handover training for new junior doctors at induction
3. Visual prompts on the wards regarding RCP standards
4. Re-audit to be performed in 6-12 months time

REFERENCES

- General Medical Council, March 2013: Good Medical Practice > Communication, partnership and teamwork > Continuity and coordination of care
- Royal College of Physicians, May 2011: Acute care toolkit 1: handover
- Royal College of Physicians, October 2008: A clinician’s guide to record standards – part 2: standards for the structure and content of medical records and communications when patients are admitted to hospital
- British Medical Association, 2004: Safe Handover, Safe Patients