It’s time to handover…properly

Improving Medical Handover at Addenbrooke’s Hospital

Authors: H Bentley E Jarman R Golubic H Sawyer C Adcock

Background

• Medical Handover is an area acknowledged by the GMC and Royal College of Physicians (RCP) as a point where errors occur.
• Errors related to handover are a preventable potential cause of patient harm.
• Medical Handover was scored poorly by trainees in the GMC 2017 survey.
• This project focussed on improving the quality of medical handover at Addenbrooke’s to try and ensure it is a regulated process, reducing the risk of medical handover-related adverse events occurring and thereby optimise patient safety.

Aims

• To investigate and improve the quality of the medical out-of-hours handover at Addenbrooke’s Hospital in the evening and at night.
• We aimed to:
  1) Meet ≥75% of the RCP guidelines.
  2) Improve handover satisfaction to ≥80% of respondents being happy with the process.

Methodology

• 4 PDSA cycles were applied to implement the changes and monitor outcomes for both evening and night handover during the period of August 2017 to March 2018.
• Outcome measurements i) Compliance with RCP Handover Guidelines ii) Questionnaire (baseline & after 4 PDSA cycles) ii) Compliance with RCP Handover Guidelines

PDSA Cycles

PDSA 1: Design & implement a proforma
PDSA 2: Teaching
PDSA 3: Set location & pilot for evening handover
PDSA 4: Evening handover rolled out

Results

1) Compliance with RCP Handover guidelines for:

   Evening Handover
   - Compliance with RCP Guidelines for evening handover improved from 0/8 to 6/8 over 4 PDSA cycles.

   Night Handover
   - Compliance with RCP Guidelines for night handover improved from 3/8 to 7/8 over 4 PDSA cycles.

2) Satisfaction towards handover from medical trainees:

   - Satisfaction among medical trainees improved in 5/8 domains for night handover with 80% satisfaction being met in 1 area.
   - The changes were well received with positive feedback being obtained from medical trainees.

Recommendations

• Monitor interventions and re-evaluate satisfaction among trainees.
• Aim to reach 100% compliance with the RCP guidelines at all medical handovers in the future.
• Explore options for electronic documentation of handovers via the hospital electronic system EPIC.
• Further teaching and training on handover and prioritisation to junior trainees.
• Focus on trainee satisfaction and continually obtaining feedback from trainees to optimise handover.
• Ultimately to improve the score Addenbrooke’s achieves on handover from the GMC Survey.