Upgrading BedView to Improve Safe Handover
Darrean Richards (FY1), Francesca Sandman (FY1), Liam Sheppard (FY1) & Fransiska Guerreiro (SHO - Clinical Fellow)

1) Introduction
Effective handover has long been recognized as a major preventable cause of patient harm. At QAH, BedView (an electronic handover software - EHS) is used to record and transfer patient information. When doctors were surveyed, they were generally dissatisfied with the efficacy and safety this software provided as a handover tool. When audited against AoMRC-guided standards¹ for handover information, the software did not perform well. We therefore set out to optimise the use of this software for electronic handover of information.

2) Aims
• To improve the quality of electronic handover of patient information from one clinician to another.

3) Objectives
1. Measure how the use of EHS performs against national handover guidelines.
3. Use the results of these measures to update the EHS.

4) Methods & Measures

4.1 Audit
AUDIT
401 EHS entries audited for compliance with 18 AoMRC-guided written handover criterion
• 18 randomly selected wards
• 23 specialties

4.2 Survey
SURVEY (n=23)
• Junior Doctor's attitudes towards the use of EHS
• Quantitative measure

5) Key Results & Outcomes

5.1 Compliance Improvements

5.1.1 Pre-intervention compliance rate including all 18 categories per patient

5.1.2 Significant improvements were identified regarding clinician opinions on the clarity (p=0.03) and thoroughness (p<0.01) of EHS entries as well as the extent entries summarised patients' journeys (p=0.02) and supported continuity of care (p=0.01).

6) Learning Outcomes & Conclusion

6.1 Starting a Trust Wide SiP as junior doctors new to a trust takes a lot of courage, tenacity and passion, in order to explore its systems and culture as well as gain support and gravity to implement a change.

6.2 There is great strength found in a team that believes in a cause and working with motivated and optimistic individuals can bring encouragement when faced with setbacks.

6.3 Finding ways to improve patient safety via improved communication and handover is difficult to achieve without adding to junior doctors’ workload; therefore, patience and optimisation of technology is required to achieve this end.

6.4 Some improvements were made, however continued development of the EHS and support from clinicians is required. Education and awareness could also play a role in establishing further change.

References