Improving the safety and quality of weekend medical handovers at a district general hospital
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Introduction

The setting for this project was a district general hospital with approximately 500 beds. The project was based within the medical division, which includes one acute medical unit, eight general medical wards, the coronary care unit and all medical outliers. Each Friday afternoon ward doctors produce a handover document detailing any jobs or reviews to be done over the weekend for patients under their care. Up until now, the weekend handover system previously consisted of unstandardized paper sheets created on Microsoft Word placed in a communal folder. There was no hospital-wide agreed standard of information to be provided on these handovers and templates between teams/wards varied. Other hospitals have adapted an electronic based handover system to improve the quality of their handovers.(1, 2). BMA guidance states that good quality handover is essential to protect the safety of patients. Failure in the handover process can pose a significant risk to patients, and can produce under-prepared clinicians.(3). Furthermore specific guidance has been produced to guide clinicians in preparing a suitable handover by national medical bodies(3-5). ‘Careflow’, an online system and app has the capacity to provide a platform for weekend handover list, providing a standardised ‘situation’, ‘background’, ‘assessment’ and ‘recommendation’ (SBAR) handover format.

Aims

The aim of this service improvement project was to evaluate the effectiveness of paper based handover sheets in comparison with a new online handover list system.

Methods

The first data collection point was 10th–11th September 2016. 25 handover sheets were completed.

5 weekend Careflow lists were created on a guide dependent basis – FY1 doctors, senior house officers, registrars, 2 consultant lists for the weekend of 10th–19th November 2016.

A trial of the online weekend handover system was conducted for 8 weeks.

Data re-audited on the 13-15th January 2017, at which point 39 handovers were completed on Careflow.

Results

Primary audit of paper based handover sheets showed distinct gaps within handover criteria particularly in consultant, limitations of treatment, weekend discharge, level of review and doctor handing over categories. The outcome measures chosen to analyse the handovers as seen on the graph below were based upon the Academy of Medical Royal Colleges recommendations(4). The graph below shows the pre and post intervention results. Online handover showed maximum improvements in 3 outcome measures; consultant –24% improvement, level of review required 40% improvement and completed by – 56% improvements on the online handovers.

A Graph showing percentage compliance with handover criteria using paper sheets (pre intervention) and careflow (post intervention)

Conclusions

This project has highlighted the benefits of standardising the handover system. There was a significant improvement seen in the compliance of documentation in many aspects of the handover; consultant taking care of patient, level of review required and doctor handing over. These improvements will have significant impact on the clarity of the handover. Furthermore doctors themselves have praised the change for its user friendly format; the system can be accessed anywhere in the hospital via the internet on a computer or via the app and entries can be edited by multiple doctors remotely.

Evaluation

Although a significant improvement was not seen in the discharge category, there is potential for the careflow system to be used to host a weekend discharge list. To assess the long-term sustainability further audit cycles should be completed to monitor compliance with the recommended handover topics. To further improve the validity of our results, it would be beneficial to conduct a formal qualitative study and statistically analyse our data.

References: