

# The RCP toolkit for out-of-hours handover improves weekend handover: notes from a district general hospital

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## Aims

Out-of-hours care is an area of clinical risk, and handover is vital to maintain quality and continuity of care; we aimed to assess whether implementation of the Royal College of Physicians (RCP) handover toolkit impacted on the quality of handover in our hospital.

## Methods

Handover is performed in person and via electronic handover documents on our trust intranet. Previously, a group of non-standardised pro formas were used for weekend handover by individual teams. The information contained within these was audited against 14 pieces of information required by the RCP toolkit on three consecutive weeks in 2013. Subsequently, a new pro forma was designed according to toolkit guidelines, and implemented and re-audited using the same method in 2014.

## Results

A total of 36 documents and 125 patients were included in the pre-implementation audit period and 38 documents containing 122 patients in the post-implementation period. After implementing the handover pro forma, the following six criteria were completed in 100% of cases: patient name and identifiers, diagnosis, reasons for handover and tasks to be completed, and there was no statistical improvement from the initial audit. We did demonstrate statistically significant improvement in four domains compared with the initial audit (all cases pre- vs post-implementation,  $p < 0.0001$ ): patient location 100% vs 66%, weekend discharge information 69% vs 6%, responsible consultant 90% vs 56%, risks or warnings 100% vs 62%. 'Aims and limitations of treatment' was the only criterion with poorer performance, which was not statistically significant (85% vs 89%). More challenging was the requirement for the names of the doctors giving and receiving the handover; in the pre-implementation audit this was never documented, and in the post-documentation audit the name of the doctor giving the handover was documented in 36% of cases, but the name of the doctor receiving the handover was never documented.

## Conclusions

This audit demonstrates that implementation of the RCP toolkit can lead to significant improvement in many vital domains, in

this case responsible consultant, location, weekend discharge information and risks or warnings. The issue of documenting which doctors give and receive handover can be addressed by requiring doctors to insert their name on the electronic document, as is currently done on the acute take, to ensure full accountability and to prevent patients being missed. We have demonstrated usefulness of the RCP out-of-hours handover toolkit for weekend handover and recommend its adoption, providing useful information to allow continuity of care in the out-of-hours setting.

## Conflict of interest statement

None. ■

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