

Passing the baton: a systems approach to providing 24/7 medical care in a hospital

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Aims

Handover is defined as 'the transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis'. Owing to a changing NHS, increasing numbers of admissions and changes to structures of medical teams since EWTR and MMC in the UK, effective handover to incoming teams is essential to providing high-quality acute and out-of-hours care, as highlighted by the Royal College of Physicians, the Francis report and mainstay media. Higher mortality at night and at weekends in hospitals has been reported and has resulted in a paradigm shift for most acute hospitals. Handing over responsibility for acute and out-of-hours medical care involves not only adequate staffing, but also a robust and effective systems approach. Our aim was to develop systems and processes to incorporate health informatics and IT solutions, which have a pivotal role to play in improving patient safety and efficiency.

Methods

In a district hospital, systems and IT have been developed to ensure safe tracking of patients on the acute medical take, and safer handover of patients at the weekend.

Results

Over the past 4 years, various systems and process have been introduced and embedded, and have evolved in coming together to support a round-the-clock, 365-days-a-year systems approach to providing 24/7 care to inpatients.

MEDICUS is an in-house-developed software application, accessible on handheld smart devices, that allows live data capture of every new referral to the on-call medical team. It has improved efficiency, reducing the number of patients handed over to the next incoming team, as well as ensuring that patients are not 'lost' within the institution.

Formalised handover processes have been shown to be positive. A daily hospital handover at night (HH@N) ensures a clear brief of all new admissions, outstanding jobs, unwell patients and urgent messages being relayed to the incoming team. A similar formal face-to-face handover before the weekend ensures that

patients are looked after and managed appropriately. The introduction of a software programme that can be filtered by cadre of doctor and day has helped facilitate this.

Conclusions

Using IT solutions to improve efficiency across the out-of-hours medical team can lead to perceived improvements in patient safety and efficiency. An approach to join up different areas of the out-of-hours team is essential.

Conflict of interest statement

None. ■

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