

# Developing the junior doctor handover database: improving patient safety and fluidity of staff transition

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## Aims

To implement a tool designed to improve handover between clinical rotations to aid junior doctors in a large urban teaching hospital. To improve junior doctors' ability to conduct their day-to-day tasks and to ameliorate the potential patient safety issues when newly qualified doctors commence foundation training each August.

beneficial effect on patient safety which needs to be further evaluated. More work needs to be done to address areas of weakness, and the project team have endeavoured to introduce further changes to the handover tool and induction week format to facilitate this. ■

## Methods

Baseline data were obtained from the 2013–14 cohort of foundation doctors ( $n = 54$ ) using a standardised questionnaire. We introduced an online handover tool which consists of departmental contact numbers, illustrated 'how-to' guides for the roles and responsibilities of each department as well as copies of commonly required request forms. Data were then recollected using the same questionnaire from the next cohort of foundation doctors ( $n = 49$ ) from the same hospital.

## Results

Following the implementation of the handover tool, the percentage of respondents agreeing that sufficient information had been provided during their induction period increased significantly from 9% in 2013 to 34% in 2014 ( $p \leq 0.05$ ). There was a significant improvement in respondents stating that they were able to find out how to complete tasks they had not done before, from 22% in 2013 to 36% in 2014 ( $p \leq 0.05$ ). The reduction in percentage of junior doctors reporting the most time-consuming task, which was 'ordering tests and investigations', trended towards significance from 44% in 2013, to 40% in 2014 ( $p \leq 0.10$ ). However, there was a significant increase in the number of respondents stating that they 'spent a lot of time looking up information' necessary for their job, from 59% in 2013 to 80% in 2014 ( $p < 0.05$ ).

## Conclusions

Although there are areas which require improvement, we tentatively conclude that introduction of a handover tool has improved junior doctor handover, with a likely secondary

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