

# Modernising the weekend medical handover

**Authors:** Ahmed El-Masry,<sup>A</sup> James Sun,<sup>A</sup> Tobin Joseph,<sup>A</sup> Ali Hosin,<sup>A</sup> Anoop Shah<sup>A</sup> and Michael Yeung<sup>A</sup>

## Introduction

Direct and comprehensive handover between medical professionals is critical in ensuring the delivery of effective high-quality patient care while maintaining patient safety. It has been widely cited that poor handover majorly contributes to negative patient outcomes and, in that vein, both the Royal College of Physicians (RCP) and the UK General Medical Council (GMC) have published guidance for suggested standardisation of practice.<sup>1,2</sup>

The weekend handover poses a particularly complex challenge, requiring navigation through a large volume of patients alongside a complete changeover of staff who are typically unfamiliar with them. It is thus crucial that a streamlined handover process is in place to ensure that pending interventions are clearly documented and assigned appropriately.

## Methods

Within our central teaching hospital, prior to the pandemic, the weekend handover combined pre-population of a locked MS Excel spreadsheet with patients and a face-to-face handover to the weekend team. Redeployment of staff provided the opportunity for quality improvement, with an overhaul of the system via the introduction of a new embedded electronic handover.

**Baseline data:** a retrospective questionnaire was distributed to all junior doctors working on the on-call general medical rota in May 2020 to gather issues with the prior process to identify improvements to be made.

**Implemented action:** a fully embedded functional electronic handover system was created within 'Epic'; our electronic patient records (EPR) platform, creating a 'one-stop' for all necessary information. This was supplemented by a face-to-face handover as prior.

**Subsequent review:** retrospective surveys of junior doctors working across all general medical specialties were distributed at several time points following subsequent plan, do, study, act (PDSA) cycles (June 2020 – December 2021) to improve technological functionality.

## Results and discussion

Initial survey: junior doctors highlighted that the prior handover process was unstructured, protracted and inefficient. Meetings

were inappropriately unproductive, compounded by inter-doctor variability in documentation/handover.

**Review of new system:** pre-population of the embedded handover system, which followed RCP guidance, led to clearer documentation and handovers.<sup>2</sup> The new system allowed complete access to all data on the EPR across the hospital which could be edited in real time for all users, ensuring that interventions could easily be monitored and completed by the weekend team.

## Conclusion

The implementation of a new electronic medical handover process embedded onto our EPR system has led to more efficient weekend handovers between staff, with an associated improvement in the quality of data recording and documentation. This has been observed positively by junior doctors and remains in use, with alterations via subsequent PDSA with the aim of further optimising its functionality. ■

## References

- 1 General Medical Council. *Good medical practice*. London: GMC, 2013. [www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice](http://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice) [Accessed 18 March 2022].
- 2 Royal College of Physicians. *Acute care toolkit 1: handover*. London: RCP, 2015. [www.rcp.ac.uk/act1](http://www.rcp.ac.uk/act1) [Accessed 18 March 2022].

---

**Author:** <sup>A</sup>University College London Hospitals NHS Foundation Trust, London, UK