

Medical handover QIP

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Aim

To improve the structure and standardisation of medical doctors' handover in a district general hospital (Fairfield General Hospital, Northern Care Alliance NHS Foundation Trust) in concordance with RCP recommendations for good clinical handover.¹

Methods

Quality improvement project (QIP) methodology was adopted with plan, do, study, act (PDSA) cycles and staggered interventions. Interventions were guided by the RCP acute care toolkit for handover.¹ Interventions included introduction of a fixed venue and time for handover meetings, addressing punctuality via senior engagement and communication, formal documentation via a paper proforma (subsequently upgraded to an electronic spreadsheet) and introduction of a proforma agenda for the meeting. Data were collected via anonymous surveys following interventions.

Results

The written feedback data demonstrated that interventions such as the proforma introduction improved structure and direction of the handover. Clarity of whom we should handover to was increased with formal introductions. The percentage of people who were unsure which person they should direct the handover to fell from 39.1% to 5.5%. Written feedback also showed that people felt the documentation meant handover quality improved and the handover was accountable. Punctuality also improved, with 20.8% describing handover starting punctually as 'Rarely' or 'Never' versus 0% within the same categories post-intervention. 100% of people found that the interventions had improved handover overall. We also improved engagement by addressing key areas such as unexpected bereavements (improved from 54.2% to 100% post-intervention) and discussing unresolved issues (75% to 89.5%) during the handover meeting.

Conclusion

Overall, the results demonstrate a positive improvement in a number of key areas of the handover process in line with RCP guidance.¹ Clearly, surveys relied on user participation and therefore are subject to an element of engagement bias. However,

they offered a safe space to provide written feedback and suggestions, which were extremely positive and constructive to instigating further changes. ■

Reference

- 1 Royal College of Physicians. *Acute care toolkit 1: Handover*. RCP, 2015. www.rcplondon.ac.uk/guidelines-policy/acute-care-toolkit-1-handover [Accessed 11 February 2022].

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