QIP : Improving Weekend Medical Handover

Dr Rasanga Wijesinha & Dr Nabeel Naban

Background

- Handover is essential in ensuring continuity of patient care and maintaining patient safety.
- Weekend handover at PAH comprised of SHOs and FY1s.
- 'Nervecentre' is the handover tool used.
- Lacked structure, no cohesion, no specific start or end time, no oversight on quality of handover making the weekend ward cover shift extremely challenging.

Aims

To establish a cohesive structure, encourage leadership among juniors and educate them on the importance of effective and high quality handover to ensure high standard of patient care.

Methods

- Implement a clear cohesive structure with attendance register and timetable.
- Educational initiatives through posters, teaching sessions, grand round presentations to achieve aims
- Encouragement of consultant involvement

MEDICAL HANDOVER

SENIOR DOCTORS TO REMIND JUNIOR DOCTORS THAT ATTENDANCE IS <u>COMPULSORY</u> ON FRIDAY

KEY POINTS

- 1. FY1 DOCTOR TO <u>PRINT ATTENDANCE REGISTER</u> AND BRING TO HANDOVER (<u>XDrive</u> - <u>Oncall</u> Medicine - Medical Handover – February – XL File)
- 2. EVERYONE TO COME AT ALLOCATED TIME 1600-1630: FLOOR 1 & 2 + TYE GREEN 1630-1700: FLOOR 3 & 4 + GIBBERD/OUTLIERS
- 3. CONSULTANTS TO ADVISE <u>EXACT PLAN</u> IN NOTES 4. JUNIORS TO PUT <u>BRIEF SUMMARY IN</u>
- NERVECENTER AND BLOODS PRINTED 5. ONCALL DUTY TO REMOVE JOBS ON NERVECENTER

F1 TO EMAIL REGISTER AFTER HANDOVER TO Rasanga.Wijesinha@pah.nhs.uk Nabeel.Naban@pah.nhs.uk

Results

Data initially collected over 3 month period prior to and following intervention.

Improved Attendance At Handover 67% to 90%

Timely Conclusion of Handover - End time 1750 to 1710

Average jobs generated each week **37 to 42**

Appropriate use of nerve center with paperless handover now in place 60% to 95%

Handover now has well established structure

Consultant Involvement/Oversight Achieved

Conclusion

Simple intervention producing significant improvements. Handover process now has a good cohesive structure with positive feedback from all involved. Key to implementation and sustainability of these changes is improved understanding among juniors of the importance of good handover.

Future Recommendations

- Introduction of a Friday Ward Round Template
- Establishing a team of doctors responsible for handover to sustain the improvements made
- Improvements to electronic handover tool - Nervecentre

Patiant Details - Affie Patiant Label	Date
Parameter Concerns - Horse Parameter Labora	Tane
Patient Name	Ward
Patient Namber Hospital Number	ware
0.0.8	Consultant
NHS Number	Dr Grade
Patient Age	Reason For Admission
Ratewart, Co-Marbidities	Current Issues/Working Diagnoses
11 1	10
7)	25
Ri .	
4)	49
	- 41
51	
61	
Opening Treatment & Management Rep. /	Nothern Villaria IV Balinet & For Washand Nichers
1) 2) 0) 4)	Discharge Criteria IV Patient & For Weathand Discharg
1) 2) 3) 4) 5)	Shirharge Giberla (If Patient Is for Weakend Dircharg
1) 29 87	Distinger Orbeite (If Patient Is For Westend Disting
17 27 29 39 49 Wasteant Pian S. G. Clinical Parsieue, Beyleu 19 27 27 39 49	
17 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	
11 27 29 29 30 30 30 30 30 30 30 30 30 30 30 30 30	
17 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	of longing as blood senado etc.a
1) 2) 20) 20) 20) 20) 20) 20) 21) 22) 22) 23) 24) 25) 25) 26) 26) 26) 27) 27) 27) 27) 27) 27) 27) 27	of longing as blood senado etc.a

The Princess Alexandra Hospital