

Developing a Safer Handover System

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Summary

Effective handover is an essential component of patient safety. Weekends are particularly difficult, and it is essential to have a systematic solution. We established a common agreed handover sheet of key clinical information for completion on all medical patients on ward 5, UHND every Friday by the patient's own doctors and placed it in the front of the health record.

We subsequently conducted a questionnaire survey of medical staff at UHND to assess their experience with the use of the weekend review forms. Feedback was very positive and all doctors who have seen the forms used on ward 5 would be willing to implement them on their own wards.

Background

The importance of handover in ensuring patient safety and optimising communication between clinicians sharing responsibility for acutely unwell patients has been repeatedly emphasised.¹ Given the evidence suggesting higher inpatient mortality over weekends,² improving handover between weekday and weekend teams may be one way of mitigating this. Weekday-to-weekend handover is unique in that it sees a very large number of patients handed over to a small number of doctors for an extended period of time.

Between Friday evening and Monday morning, resident doctors are asked to review patients who are not previously known to them when they unpredictably deteriorate. There was no single place to find the key quality and safety points in the medical record. This may lead to weak decisions particularly involving appropriateness of cardio-pulmonary resuscitation or escalation to level 2 or level 3 wards.

Studies in other hospitals have found that the quality of weekend handover is traditionally

poor.³ These have emphasised the importance of written or electronic documentation in supporting handover.^{4,5} Several studies in hospitals in both the UK and Europe have also shown that standardised summary sheets used in medical wards over the weekend can facilitate communication between weekday and weekend teams and reduce the time taken for doctors to review a patient effectively.⁶⁻⁷ This study looks at the trial of a 'weekend review form' that was completed on Friday by the day team, which gives a summary of the patient's background, and explains their resuscitation and escalation status for the weekend team.

Setting

A population of general medical patients (level 1) in a DGH setting (UHND) on a 32 bed gastroenterology ward (5) over a four month period. During this time there were 45 junior doctors of all grades, making up a rota responsible for medical patients on weekends, who would at some point have been likely to review patients on ward 5.

Aims

We aimed to assess the effectiveness of the weekend review forms that have been used on ward 5 at UHND since December 2011. This was to be done through assessing the perceptions of doctors in how the forms contributed to their management of the patient in terms of saving time and facilitating their decision making. This evaluation has enabled us also to assess the perceptions on the use of these forms across other medical wards at UHND.

Method

We established a common agreed handover sheet (Appendix 1) of key clinical information for completion on all medical patients on ward 5 every Friday by each patient's own doctors and

placed it in the front of the health record. We then distributed a short questionnaire to all medical staff attending the lunchtime medical meetings on two consecutive days in March 2012. The questionnaires were completed anonymously and returned to us at the end of the teaching session.

Results

Out of a total group of 45 doctors on the rota, we received 11 responses, giving a response rate of 24.4%. Of these responses, three were from registrars, five from SHOs and three from F1s. Ten out of 11 respondents (90.9%) had reviewed a patient on ward 5 in the previous four months. The one registrar who had not reviewed a patient on ward 5 during this time did not complete the rest of the questionnaire and has been excluded from the rest of analysis.

Eight out of ten respondents (80%) who had reviewed a patient on ward 5 during this period had seen the weekend review forms. Of the eight who had used the forms, seven (87.5%) found the forms useful. The parts of the forms they found useful were as follows:

Part of form	Numbers found useful	Percentage
Problem summary	7/8	87.5%
Past medical history	7/8	87.5%
Weekend care plan	6/8	75%
Resus status/ceiling of care	7/8	87.5%

The respondent who did not find the form useful did not complete the remainder of the questionnaire and has been excluded from further analysis. Respondents who found the forms useful assessed them on a set of criteria on a 1 – 5 numeric scale indicating strength of agreement with a set of statements:

Criteria of assessment	Range	Mean score
Forms decreased time reviewing notes (n=7) <i>1= signifying no difference, 5= significantly less time in reviewing the notes</i>	2-5	3.28
Forms easy to find in patients' notes (n=7) <i>1= signifying difficult to find, 5= signifying easy to find</i>	3-5	4
Forms provided sufficiently detailed information to guide patient management (n=7) <i>1= signifying insufficient information, 5 = signifying sufficient detailed information</i>	2-5	3.86
Forms would be useful on other medical wards (n=9) <i>1= signifying not worth the time, 5 = definitely useful</i>	3-5	4.67

Limitations

This study has a small sample size, as it is only able to represent one third of junior medical doctors. We have not been able to exclude selection bias in this study, as it is possible our questionnaire was more likely to be completed by those with positive experiences of the forms. Questionnaire completion was inadequate in a number of cases.

Conclusions

The weekend review forms appear to have been seen by the majority of medical doctors at UHND, who have found them easy to find in the patients' notes. No participant said that they did not find the form useful, and all respondents who fully completed the form said they would be willing to implement these on their ward. Although difficult to assess from the small sample size, it would appear that the forms were found more useful by the more junior doctors (F1/F2) than the specialist trainees and registrars. Overall it would appear that time invested by day teams in producing these forms is likely to save time by weekend teams in reviewing patients, and is likely to improve quality of care and support weekend decision making.

From these conclusions we recommend that all medical inpatients should have a completed weekend review form and this should be audited in the future to ensure accurate completion is occurring.

These forms need to be placed in a consistent and conspicuous part of the medical notes for all patients, and all medical staff need to be informed of the existence of the weekend review forms so that they know to look out for them.

These findings give weight to suggestions of utilising weekend review forms in other wards at UHND, and further assessment of their utility. Consultant participation across all medical wards will be essential in guaranteeing the effectiveness of this system and needs to be established.

Message

Effective handover is an essential component of patient safety. Patients are particularly vulnerable at weekends and it is essential to have a systematic solution. Use of frontline clinical staff to design and iterate the design of a new proforma allowed rapid implementation and ongoing quality improvement.

References

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