Time to hand over our old way of working?

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The European Working Time Directive and the change to shift working have highlighted the need for a high level of continuity of patient care. Continuity of information, through a competent and professional handover allows doctors to be not only made aware of the issues important to each patient's care, but also allows a knowledge-based approach to that patient's management.

INTRODUCTION

The August 2004 deadline for the implementation of the European Working Time Directive, and the restructuring of junior doctors' patterns of work into shift and partial-shift rotas, has heightened the necessity for good communication between doctors responsible at different times for individual patient care (Roughton and Severs, 1996). With the involvement of multi-disciplinary health care providers in the care of patients, and the advent of 'Hospital at Night', a seamless passage of quality information with emphasis on priority tasks has become essential.

It is proposed that a paper-based handover is the only safe and convenient method of ensuring an acceptable level of continuity of care between doctors on shift work. An example of this will be illustrated in this article, and potential areas for future development will be highlighted.

DESIGN

Using a simple word processor package found on all ward stations, it is possible to keep an updated list of all the patients within a unit. This list is maintained by the ward-based doctors involved in the daily care of the patients, and is updated overnight by the clinician covering the ward should any problems arise. Such a list should include basic patient demographics, procedure or diagnosis, current treatment and potential problems. Perhaps the most important sections are health status and tasks to be completed for that patient. This helps to prioritize tasking within shifts and also ensures continuity of care. For confidentiality issues it would be appropriate to use bed numbers, unit numbers and dates of birth for identification purposes.

By maintaining this list, each shift change has an up-to-date overview of the patients and the requirements of their care. It gives the doctor coming on shift a ready referral mechanism and perhaps allows a 'tick box' approach for jobs to be done.

The clinician compiling and updating the list may liaise closely with the senior duty nursing staff to ensure that holistic care of the patient is reflected within the handover.

This handover list is saved on the workstation and can be printed out for distribution to clinicians and nursing staff. Each morning, the on-call clinician is given an opportunity to distribute the updated sheets among the junior staff and is able to highlight concerns arising overnight and establish priority tasking for the oncoming clinicians before the ward round.

DISCUSSION

It is clear that both the NHS and the practice of medicine within hospitals are changing at a rate that some find difficult to keep pace with. A concern is that the move from traditional on-call rotas to full shift working patterns has not been mirrored by appropriate changes in working practice.

There is a perception among medical staff that full shift working compromises continuity of patient care (Barden et al, 2002). A large factor in this may well be attributable to a breakdown in communication which in turn will have an impact on the level of care provided.

The current situation

The importance of clinical handover cannot be underestimated. There is often a lack of clarity in patient's notes, which means that handover of pertinent information is often crucial. One doctor may also cover several wards of patients of whom they have no knowledge, and often may have never met. If handover is done properly however, it allows sick patients to be identified and management plans to be consolidated.

Handover of patient care is an ongoing problem in the health care sector (Bomba and Prakash, 2005). It has been shown that a complex system of communication is necessary to provide continuity of care for patients in a safe manner (Sherlock, 1995), and among nursing staff the handover is a vital method of passing on essential information to the next shift.

However, although the nursing handover has been shown to work effectively (Sherlock, 1995), it can often become lengthy (lasting up to around 60 minutes), irrelevant or unprofessional. The doctors' handover on the other hand, is either nonexistent or largely consists of a simple verbal report lasting only a few minutes.

Furthermore, it has been seen that existing handover systems are frequently not as good as doctors would

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wish (Roughton and Severs, 1996). Clear and accurate communication is pivotal to delivering high quality care and should be the gold standard in any clinical setting (O'Connell and Penney, 2001).

Future requirements

With the move towards shift working, it is important that changes are made. There must be adequate time for handover of patients built into all shift patterns. Despite the general belief that handover transitions in patient care have become routine, not enough attention or research has been directed at improving this period of care (Bomba and Prakash, 2005).

Handover must become a routine part of clinical practice that is performed on every shift, every day, by every doctor; ensuring that sufficient time is set aside in the correct environment to allow both the giver of information to deliver the handover, but also to allow the receiver of information to clarify the handover details and ask questions where necessary. This is an important part of good clinical practice.

One of the main difficulties encountered with the decrease in working hours is the increasing demand for on-call clinicians to take responsibility for patients not only from outside their unit but also from outside their speciality. This leads to doctors dealing not only with patients to whom they are unfamiliar, but also with conditions that they may feel apprehensive in treating because of a lack of recent exposure or uncertainty regarding management. This situation is neither beneficial for the patient nor the clinician. Hospital protocols and a chain of patient care management with a competency-based system of care is paramount.

A simple solution

A succinct, concise handover of tasks and priorities on paper will afford the clinician the comfort of following a plan determined by that patient's team, and will guarantee he/she is aware of issues that are important to that patient's care. This ultimately will ensure improved clinical management and a knowledge-based approach to all aspects of every patient' s care.

The authors found the use of a paper-based handover improves the flow of information for junior clinicians. Using uncomplicated NHS information systems, it allows a good standard of professional practice to be met. It is hoped that other units will appreciate the value of the junior doctor paper handover, and may perhaps wish to instigate a similar practice around the country.

CONCLUSIONS

Communication between clinicians and nursing staff form the cornerstone of sound patient management. Informal hurried verbal handover of clinical issues has the potential to lead to confusion and compromise care.

With the daily updating of patients on a paper handout, it is possible to provide clinicians, who may be unfamiliar with patients or management of their condition, with a prioritized system of ensuring continuity of care. There is future potential for the storage and distribution of this information on handheld devices. HM

Conflict of interest: none.

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KEY POINTS

- Working times may have changed, but working practices often have not.
- Communication underpins all aspects of clinical care.
- Errors in handing over information are key factors in compromising patient care.
- A paper handover allows a prioritized system of ensuring continuity of care